MARYLAND  GIH OF STAY IN 16  2 days  A Ta /  Middle  KANDER  NEVER MARRIED   B  DIVORCED   B  DIVORCED   B  Tracting	d. STREET ADDRE River Lost ABBOTT B. DATE OF BIRTH 3/27/1918 STRY 11. BIRTHPLACE ( Mary] 14. MOTHER'S MAIL	(Where decease  Cy / an G  (If outside corporation  Since Dr  4. DATE  OF  DEATH  Stote or foreign of	b. COUNTY  prote limits, write R  SepTem  9. AGE (In years last birthday) 143 yrs.	th be religious Months	CON give near	e. IS RESI ON A YES Y	IDENCE FARM? NO 16
ANDER  NEVER MARRIED   BUSINESS OR INDUSTRACTING	c. CITY OR TOWN Salis d. STREET ADDRE River  ABBOTT  B. DATE OF BIRTH 3/27/1918 STRY 11. BIRTHPLACE ( Mary)  14. MOTHER'S MAIL	(If outside corporate of the corporate o	b. COUNTY  prote limits, write R  SepTem  9. AGE (In years last birthday) 143 yrs.	th be religious Months	Day L Pays	e. IS RESI ON A YES Y	IDENCE FARM? NO K
2 days  And I  Middle  KANDER  NEVER MARRIED   BUVORCED   BUVORCED	d. STREET ADDRE River Lost ABBOTT B. DATE OF BIRTH 3/27/1918 STRY 11. BIRTHPLACE ( Mary] 14. MOTHER'S MAIL	sbury side Dr 4. DATE OF DEATH Stoke or foreign c	Septem  9. AGE (In years last birthday) 43 yrs.	ber IF UNDE	Day ER 1 YEAR	e. IS RESI ON A YES T	DENCE FARM? NO 16
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SECURITY NO. IN	14. MOTHER'S MAIL				USA	WHATC	OUNTRY
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		Mowbray					
L8-5186 N	Mrs. Lewis	A. Abbo	tt,same	ress			
OW INJURY OCCURRED  OCCURRED  ON While  OWN WHILE  OCCURRED  OCCUR	Merulo  NOT RELATED TO THE TO	y in Part I ar P	y or town)  4, 1991, the causes an treet, city or town,	that I I d an th state)	(Caunty)  ast saw ne date	the destated	(State
	R CREMATORY	22d. LOCA	TION (City, town,	ar county	)	(State	e)
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lisbury							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UTING TO DEATH BUT  OW INJURY OCCURRED  OCCURRED  OWN WHILE  OWN HALL  OWN H	DYCAL HEMPTON has been been been been been been been bee	DYAL HEMOTOR HAGE  WENSING CAVAIR VANCUL  DIENOTO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  DW INJURY OCCURRED. (Enter noture of injury in Part I ar Part while wark   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)   20f. (City while wark   20f. (City foctory, street, office bldg., etc.)   20f. (City foctory)   20f.	DYAL HEMOTOR HAGE  WELSTON CANADO Vancular Di  WINDING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV  DOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)  DOCCURRED of PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.)  The work of the death accurred at 192 AM, from the causes an ADDRESS (Street, city or town, M.D. Pure Bluff Rd. Salisbury  Pine Bluff Rd. Salisbury  DORESS CEMETERY OR CREMATORY  LISONS CEMETERY OF CREMATORY  DORESS 240. REC'D BY REGISTRAR 24b. REGI	DYAL HEMPTON hage  PERSONE CAVAIS Vascular Disease  MIC PLANT OF METALO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA  DOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)  DOCCURRED of PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)  The work of the property of t	DYAL HEMOTOR hage  NELSTONE CANDIO Vancular Disease  DISEASE  DISEASE  DISTRICT OF MERCULO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15  DW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)  DOCCURRED of PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)  The work of the work of the process (Street, city or town, state)  M.D. Pure Bluff Rd. Salisbury, Mc.  Pine Bluff Rd. Salisbury, Mc.  DAME OF CEMETERY OR CREMATORY  PORESS  DAME OF CEMETERY OR CREMATORY  PORESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	DYAL HEMPTON hage  NIC PLANT OF CAVALO VANCULAR DISEASE  DISEASE  CAVALO VANCULAR DISEASE  DISEASE  DISEASE  CAVALO VANCULAR DISEASE  DISEASE  DISEASE  CAVALO VANCULAR DISEASE  DISEASE  CAVALO VANCULAR DISEASE  CAVALO VANCULAR DISEASE  CONDITION GIVEN IN PART 1(o) 19. WAS A PERFORMANCE  VES   DOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)  COCCURRED  OCCURRED  To the provide of injury in Part I ar Part II of item 18.)  COCCURRED  OCCURRED  To the provide of injury in Part I ar Part II of item 18.)  COCCURRED  To while  To while

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W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad livad, If institution: COUNTY b. COUNTY by the and 2 death. comi MARYLAND 100m100 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 8 d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifel, give street address) e. IS RESIDENCE ON A FARM? YES NOV NAME OF Yaar DATE Month Day DECEASED OF (Typa or print) DEATH \_ 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED withi carbon 5. SEX AGE Nn years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. hirthday) and Months Days Hours WIDOWED . DIVORCED 2 physician WSUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ma during most of working lifa, avan if retired arpenter 13. FATHER'S NAME please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yas, no. or unkown) | (If yes give war or datas of sarvice) the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] þ ONSET AND DEATH physicia PART I. DEATH WAS CAUSED BY mes signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which peen gave risa to immadiate cause DUETO (a), stating tha undarlying has causa last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 35 NO P use 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for the After this P 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) Whila Not While et work at work DIRECTOR: p.m pe plnods 19.4 ..., and that death occured at 3.1.3.M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED WED PHYS. DIRECTOR PHYS. M.D. FUNERAL director, page be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b., DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRES REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Outher S. Thank

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RE STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) PLACE OF DEATH a. COUNTY e. STATE Wicomico Wicomico by the land 2: MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town)
Salisbury E ... 5 Days Salisbury filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Peninsula General Hospital 712 N. Div. St. 3. NAME OF Middle Month DECEASED OF ARTHUR WILLY ANGER 9 22 (Type or print) DEATH carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) Months Days Oct.28,1881 Male White WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY remove BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret. Tool & Deye Maker Tools U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death .⊆ aftending Unknow Unknow Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) remova Mr. Howard Anger, Same the or attending physician.

thas been signed by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH **OEATH WAS CAUSED BY:** IMMEDIATE CAUSE (a) DUE TO trico Sol ero sin geve rise to immediate cause **OUE TO** (e), steting the underlying PHYSICAL

the hospital or an

this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION robale prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER detached þ 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) Month, Dey, Yeer DIRECTOR: After 3 should be detach Not While factory, street, office bldg., etc.) While Hour e.m. et work et work p.m ..., and that death occurred at. T.P...M, from the causes and on the date stated above. saw the deceased alive on.... ATTENDING 22a. SIGNATURE 9-25-1961 GNEO DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Dr. Thomas C. Hill M.D. Salisbury, Maryland death. Co FUNE director, I be filed v 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Shad Point Cemetery Shad Point, Maryland ADDRESS 25e. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hill & Johnson Funeral Home Salisbury, Maryland 0.SEP 2 6 '61

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e. IS RESIDENCE ON A FARM?

YES NO X

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0797 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution PLACE OF DEATH e edmission a. COUNTY b. COUNTY a. STATE the d 2 icomico MARYLAND hours after death and b. CITY OR TOWN (if outside corporete limits, ourside corporate/limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 C. CITY OR TOWN in by s 1 and write RURAL and give neerest town Pages Dur filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO papers. NAME OF Middle 4. DATE Lest Month DECEASED OF comp (Type or print) DEATH 19 withi carbon 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and asy birthdey) Months Deys Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY remove (County & State, or oreign country 12. CITIZEN OF WHAT COUNTRY? dane/during most of working life, even if retired) 13. FATHER'S NAM MOTHER please attending FORCES? Then detes of service) the CAUSE OF DEATH [Enter only one cause per INTERVALMETWEEN physician. certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) the burial-transit DUE TO attending Conditions, if eny, which geve risa to Immediate ceuse DUE TO (a), steting the underlying burial. ceuse lest. 9 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY hospital PERFORMED? 35 2 NO use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) detached for OR CONTRIBUTING TI CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) þ 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (Stete) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.] While Not While Hour a.m. at work at work p.m DIRECTOR: pe 21. I certify that (1) (this hospital) attended the deceased from Clus Gust 25 1961 to 2 eptember 15 1961, that (1) (we) last saw the deceased alive on September 13. 1961, and that death occured at 4. M, from the causes and on the date stated above. should DATE 22e. SIGNATURI SIGNED ATTENDING MED STAFF 3 DIRECTOR PHYS. TO FUNERAL director, page 3 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. COCATION (City, town or county) (State) 34. BURIAL, CREMATION, 230 DATE THEREOF NAME OF CEMETERY OR CREMATORY' 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRES VR A15 (4) Osthur & Kraus DATE 357 1 8 '61 15M 9/60

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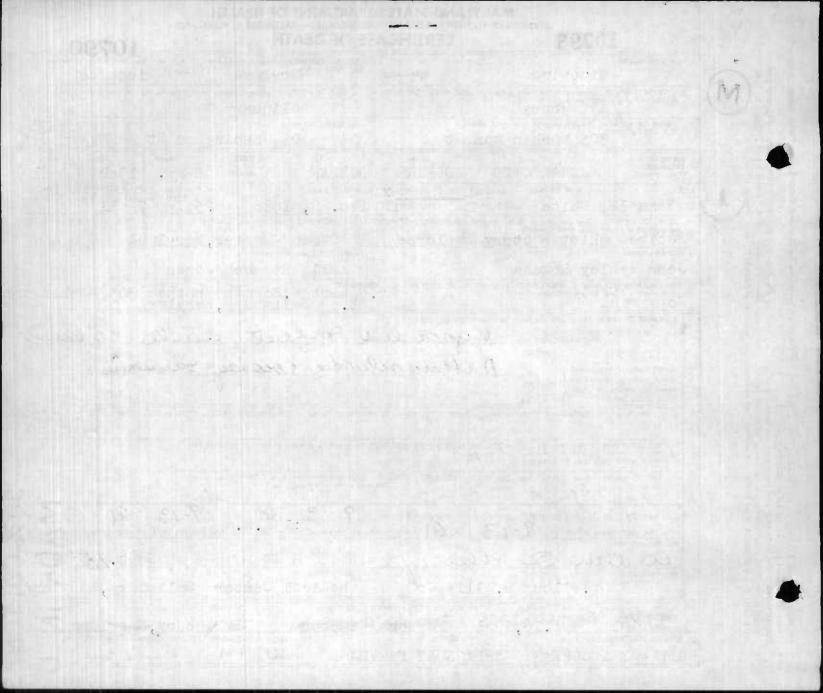
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL-RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10798

10790

1. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wignico
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  /2 Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 305 Washington St	d. STREET ADDRESS 305 Washington St  e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) CHARLOTTE ADELINE.	BOZMAN 4. DATE Manth Day Year OF DEATH SEPT. 13th 1961
5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH Peb. 2, 1886  9. AGE (In years lost birthday) 75 yrs.  1F UNDER 1 YEAR IF UNDER 24 HRS. Magnitus Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Retired Shirt Factory Employee	Dames Quarter Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Bozman	Ella Rebecca Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Hobert W. Bozman (Brother) 305 Washingto St. Salisbury Maryland
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. DESCRIBE HOW INJURY OCCURRED  N/A	D. (Enter nature of injury in Part I ar Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
	leath accurred at, from the causes and an the date stated abave.
	M.D. PHYS. MED. STAFF Sept. 15/1961
22c. PHYSICIAN'S NAME (Type) Dr. Wilbur R. Ellis Jr	Medical Center Salisbury, Maryland
23a. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) Sept. 16, 1961 Parsobs	Cemetery Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MARY	YIAND DATE SEP 1 9 '61 arising S. House

TO HOSP VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before edmission) neral director. Page ned for your files. ite Board of Health, a. COUNTY a. STATE b. COUNTY slay is necessary Wicomico? Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury Salisbury please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the wretal dis 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARAS Jackson Pemberton Drive & Parsons Road YES NO 3. NAME OF Middla Last DATE Month Day Yeer DECEASED OF BRIDGE SEPT. (Typa or print) AUSTIN YOUNG 2nd DEATH 61 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last right day) Days Hours Mln. Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S Employee-Laborer) Machinest-Boat New Hampshire Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unk) (Unk) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT .Bridge (Wife) 735 Jackson St (Yas, no, or unkown) | (If yes give war or dates of service) S No Maryland sbury 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b)\_ geva rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, offi bldg., etc.) Not While Hour 1967 Wicomico -Salisbury-Md. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Matural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Dr. Earl DEPUTY MEDICAL EXAMINER L. Rover EXAMINÉR'S Ave. Salisbury, Md NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Salisbury, Maryland Wicomico Memorial Park 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME HOLLOWAY & COMPANY SALISBURY MARYLAND DATE SEP 8 Orthur & trans 5M 9/60

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#### MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10792

	1015~
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
CUICOMICO MARYLAND	• STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	/2 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Id. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
Teninsula General Asspiral	
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print) Anthony Charles	BROWN DEATH SOFTEMBER 26 1961
	DATE OF BIRTH 9. AGE In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	NOV. 29. 1950   last birthdey)   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
dona during most of working life, evan if retired)	
School Boy None	New York City N.Y. U.S.A
James Edward Brown	Anna Marie Heron
	r.James F. Brown (Father) Apt. 205A. Patri
No	r.James E.Brown(Father)Apt.205A Patri Henry Air Port Newbort News.Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Lymnho Sar	com a
2 0 d DUE TO	
Conditions, if any, which (b)	
(a), stating the underlying DUE TO	
couse lost. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
T Y	YES NO NO
	). (Enter neture of injury in Part I or Part II of item 18.)
G   OR CONTRIBUTING   CAUSE OF DEATH	
ZOc. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour e.m. White Not While fact	tory, straet, office bldg., etc.)
print 17 hand hand	-1 6 8 177 61
21. I certify that (I) (this hospital) ettended the deceased from.	
saw the deceased alive on Sept. 26 1961 , and that	death occured at
220. SIGNATURE	/22b. DATE
Oromas C. Helf. Min	
22c. PHYSICIAN'S	22d_ADDRESS
NAME (Type)r. Thomas C. Hill Jr	Pine Blull Koad Sayshum Md
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
PEMOVA! (Specify)	
	Mem. Park   Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
HOTTOWAY & COMPANY SATISBURY MARY	VI AND DASEP 28'61 C : 3 & Thomas

2 9 3 1837 1633 TO WILL DESCRIPTION OF THE PARTY OF THE PART THE HELD WHITE LEW LOCATION IN THE RESIDENCE OF THE PARTY 20 A 2 THE LOCAL THE SAME OF THE SAME AND T The County of the Control of the Con HOLLO DE COMENSE CONTROL DE MANTO DE LA CONTROL DE LA CONT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased fived, If institution: Rasidence before admission) a. COUNTY a. STATE b. COUNTY the 12 WICOMICO MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarasl town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) L2 Hrs. Selbyville .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled i d. STREET ADDRESS HOSPITAL ENINSU ENERAL RFD 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH (Typa or print) THE WIS UNTING within carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER | YEAR 8. DATE OF BIRTH last birthday) and MALE WHITE WIDOWED [ DIVORCED physician remove 678 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) Sug-Farmer Own farm Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending .= Walter Bunting Sarah Stephens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or datas of servica) Ethel Bunting Selbyville Nitaval Brives 221-24-3495

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Mrs. the physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO ending Conditions, if any, which (b) gava risa to Immadiata cause DUE TO (a), stating the underlying #E causa last. certificate ha OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as to hospital prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Errer natura of injury in Part I or Part II of item 18.) for OR CONTRIBUTING [ CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work may be retaine DIRECTOR: p.m attended the deceased from.... 21. I certify that (I) (this hospital) should , and that death occured at? ...M, from the causes and on the date stated above. saw the deceased alive on. MATURE ATTENDING MED. STAFF DIRECTOR 3 PHYS. PHYS. HO. AL Age 4 FUNERAL M.D. director, page be filed with the 22d. ADDRESS HYSICIAN'S 22c. MAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Bighory 111e Burial 10 24 FUNERAL DIRECTOR'S SIGNAPORE

MARYLAND STATE DEPARTMENT OF HEALTH

Suggex

Day

Days

USA

(County)

arthur S. Times

DAOCT 2

Months

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

PERFORMED

(Stata)

22b. DATE

(Stata)

SIGNED

19

Hours

12. CITIZEN OF WHAT COUNTRY?

VR A15 (4) 15M 9/60

8 - 18 11 1 10801 SERMON EL IM #1 SEr of the French SE SASTURE NEW PROPERTY. 보고 그는 내가 있었다. 그리는 사람이 되었다. 그 없는데 The state of the s Land Total State S The Motor Literage Change Change Change and the second colored to the second colored to

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10802 CERTIFICATE OF DEATH 10794

V	- L		- Carring Carrie			TOLOX
1.	PLACE OF DEAT	Н		2. USUAL RESIDENC	E (Whare decessed lived,	If Institution: Residence before admission
1	e. COUNTY		100000000000000000000000000000000000000	a STATE	b. CO	UNTY
-	Wicomi	(if outside corporate limits	MARYLAND  c. LENGTH OF STAY IN 16	CITY OF TOWN III		rita RURAL and give nearest fown)
	write RURAL en	d give neerest town)		1 1	ouiside corporate manis, wi	THE KOKAL BIID SIVE HEBITS INVIII)
	Salisbu		10 months	WIL	MINGTO	X 46X3
1	d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospitel, give street address)	d. STREET ADDRESS	0	e. IS RESIDENCE
	Springh:	ill Sanita	rium	728 (	6 22 nd	YES NO
	NAME OF	First	Middle	Last	4. DATE Mor	nth Dey Yeer
	(Type or print)	T4 7 7 4 4	R	The Later	OF DEATH	1 70 10/-
	SEX	In 111e	1),	Butler I	Se1	nt 12 1967
			. MAKNED   HEVER MAKNED		last birthdey	
	Female	White	WIDOWED DIVORCED	5-23-1889	/2 yrs.	
i	De. USUAL OCCUPATION of w	TION (Give kind of work orking life, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign countr	12. CITIZEN OF WHAT COUNT
	Housew:		OWN HOME	CHIMA	TEAGUE	U.S.A.
200	3. FATHER'S NAME		,,,,,	14. MOTHER'S MAIDEN	VAME	
	1 = 1	, B.	/		BOWDEN	
E	5. WAS DECEASED EX	VER IN U.S. ARMED FOR	ES?   16. SOCIAL SECURITY NO.   17. 1	DANIE	Addre	22.0
		(If yes give we ror detes of se	rvice)	2.1	*	0 11
			M	SS, NEVAD	A DOWNS	DERUN I'D
			couse per line for (e), (b), end (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (*)	Levelval 16	compose	~	3 hos
	1442	X DUE 46	,,	PV		,
	Conditions, if en		Humenten sine	arcliovascu	lan allese	use Ingle
	gave rise to immed	diete ceuse	11			
	(a), steting the	underlying DUE TO				
	couse lost.	) (c)_			5157.45 60.15.110.1	WAS ALTON
-	PART II. OTHE	EK SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION G	PERFORMED?
20147						YES NO
		VAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	Part I or Pert II of itam 18.)	
CERTIF	(IF EITHER, NOTIF)	G CAUSE OF DEATH				
-	20c. TIME OF INJ	URY Month, Dey, Yee		CE OF INJURY (Home, ferm		(County) (Stete)
MEDICA	Hour a.m.		AAIIII TAOL AAIIII	ory, street, office bldg., etc.		
FFT		19	et work at work	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60 61	6/
	21. I certify	that (I) (this hospital	al) attended the deceased from.			2, 19, that (I) (we)
	saw the decea	sed alive on	19.6. , and that	death occured af.t	30 then the cause	s and on the date stated abo
	220. SUPNATURE	1111	1 - 1	ATTENDANC	C7455	22b. DAT
/	DI av	ed V.	) · · · · · · · · · · · · · · · · · · ·		NED. STAFF	SIGI
	22c. PHYSICIAN'S		- 0 1	22d. ADDRESS		
	NAME (Type		Gilmore			
	nuntal continu	TION LOSE DATE THE		CPANALORY .	23d. LOCATION (City,	town or county) (State)
	REMOVAL (Specify				B T	(State)
1	BURIA		61 EYERGRE		WERLI	N TID
2	4 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	i A A	'D BY REGISTRAR 256.	
	Ama	A. Buch	ore Bulling	DATESE	P 1 9 '61 C	Irilar S. Kraus

TO HO IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executively within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should 15M 9

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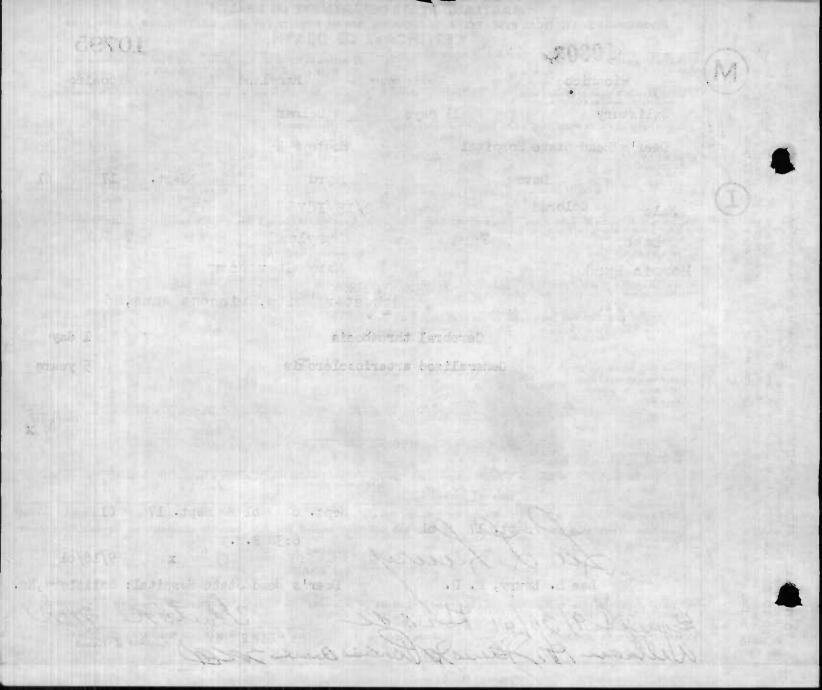
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10795

1. PLACE OF DEATH		2. USUAL RESIDENCE (Whare de		(asidenca befora admission)
Wicomico	MARYLAND	STATE Maryland	b. COUNTY	comico
b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.		
write RURAL and giva naarest town)		V		
Salisbury	ll days	Delmar		
d. NAME OF HOSPITAL OR INSTITUTION (if no	of in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Deer's Head State Ho	ospital	Route # 3		YES NO
3. NAME OF First	Middle	Last 4. DATE	Month	Day Yaar
DECEASED (Type or print)		OF DEATH	04	7.7 10 /2
5. SEX   6. COLOR OR RACE   7.		DATE OF BIRTH 9	Sept.  AGE (In years   IF UNDER 1	17 19 61 YEAR   IF UNDER 24 HRS.
0.7 3		/ / 0	Last Little Land	Days Hours Min.
110,20	/IDOWED DIVORCED	2/15/1878	83 yrs.	
1Da. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, evan if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stata, or	toreign country)   12. CIT	ZEN OF WHAT COUNTRY
Labor	Farm	Maryland	U	SA
13. FATHER'S NAME	500,000	14. MOTHER'S MAIDEN NAME		
Morris Byrd		Mary Stevenso	n	
	53 Lt. COCIAL SECURITY NO.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yas, no, or unkown)   (If yes giva war or datas of sarvi		NFORMANT	Addrass	
	h	ester White, Prin	icess Anne,	Md
18. CAUSE OF DEATH [Enter only one cau	use per line for (e), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Cerebral throm	hoeie		
IMMEDIATE CAUSE (a)	Cerebral throm	bosis		1 day
332 × DUE TO				1 day
IMMEDIATE CAUSE (a)	Generalized arter			
IMMEDIATE CAUSE (a)				1 day
IMMEDIATE CAUSE (a)				1 day
Conditions, if any, which gave risa to immediate cause (a), stating the underlying cause last.    American Course (b)   Due to (c)	Generalized arter	iosclerosis	CONDITION GIVEN IN PART	1 day 5 years
Conditions, if any, which gave risa to immediate cause (a), stating the underlying cause last.    American Course (b)   Due to (c)	Generalized arter	iosclerosis	CONDITION GIVEN IN PART	1 day 5 years  1(a) 19. WAS AUTOPSY PERFORMED?
Conditions, if any, which gave risa to immadiata cause (a), stating tha underlying causa last.    AMEDIATE CAUSE (a)	Generalized arter	iosclerosis of related to the terminal disease		1 day 5 years
IMMEDIATE CAUSE (a)  3 2 DUE TO  Conditions, if any, which gave risa to immadiata cause (a), stating tha underlying causa last.  DUE TO  (c)	Generalized arter	iosclerosis		5 years  1 day  5 years
Conditions, if any, which gave rise to immediate cause (a), stating tha underlying causa last.   DUE TO	Generalized arter	T RELATED TO THE TERMINAL DISEASE	of item 18.)	5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 1
Conditions, if any, which gave rise to immediate cause (a), stating tha underlying causa last.   DUE TO	Generalized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURRED   2De. PLA	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Part I  CE OF INJURY (Homa, farm,   201. (City	of item 18.)	5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 1
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Oc. TIME OF INJURY Month, Day, Year Hour a.m.	Generalized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED    20d, INJURY OCCURED   2De. PLA	T RELATED TO THE TERMINAL DISEASE	of item 18.)	5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 1
DUE TO  Conditions, if any, which gave risa to immadiate cause (a), stating tha underlying DUE TO  Causa last.  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Oc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	Generalized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURED   2De. PLA   While	TRELATED TO THE TERMINAL DISEASE  (Enter nature of injury in Part I or Pert I  CE OF INJURY (Home, farm, 20f. (Circory, street, office bldg., atc.)	of item 18.) v or town) (Cou	1 day 5 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO MINING NO MI
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21.   certify that (I) (this hospital)	Concralized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  While Not While at work at work at work at work at work.	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Pert I  CE OF INJURY (Homa, farm, ory, straet, office bldg., atc.)  Sept. 6, 19.61, to.	of item 18.)  or town) (Cou	5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 13.
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  Causa last.  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Oc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	Concralized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  While Not While at work at work at work at work at work.	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Part I  CE OF INJURY (Homa, farm, ory, street, office bldg., atc.)  Sept. 6	of item 18.)  or town) (Cou	5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 12 (State)  1.62 that (I) (we) last the date stated above
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21.   certify that (I) (this hospital)	Concralized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  While Not While at work at work at work at work at work.	iosclerosis  TRELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Pert I  CE OF INJURY (Homa, farm, ory, straet, office bldg., atc.)  Sept. 6, 19.61, to death occurred at	of item 18.)  or town) (Cou	1 day 5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 13.  (State)  10. (State)  11. (I) (we) law the date stated above 22b. DATE
DUE TO  Conditions, if any, which gave risa to immediate cause (a), stating tha underlying causa last.  PART II. OTHER SIGNIFICANT CONDITIO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21.   certify that (I) (this lospital) saw the deceased alive on Set	Contributing to DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  While Not While at work 1 fact at work 1 19 01., and that	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Part I  CE OF INJURY (Homa, farm, ory, street, office bldg., atc.)  Sept. 6	of item 18.)  or town) (Cou	1 day 5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 13.  (State)  10. (State)  11. (I) (we) law the date stated above 22b. DATE
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  2Da. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  21. I certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE	Contributing to DEATH BUT NO.  Db. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURED   2De. PLA   While   Not While   at work   at work   at work   at work   at the deceased from    21d. 17	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Part I  CE OF INJURY (Homa, farm, ory, street, office bidg., atc.)  Sept	of item 18.)  / or town) (Cou	5 years  5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 12
DUE TO  Conditions, if any, which gave risa to immadiate cause (a), stating tha underlying causa last.  PART II. OTHER SIGNIFICANT CONDITIO  DUE TO  Co. TIME OF INJURY MONTH, Day, Year Hour a.m. p.m.  19  21. I certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE	Contributing to DEATH BUT NO.  Db. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURED   2De. PLA   While   Not While   at work   at work   at work   at work   at the deceased from    21d. 17	T RELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Part I  CE OF INJURY (Homa, farm, ory, street, office bidg., atc.)  Sept	of item 18.)  / or town) (Cou	5 years  5 years  1 (a) 19. WAS AUTOPSY PERFORMED? YES NO 12
DUE TO  Conditions, if any, which gave risa to immadiate cause (a), stating tha underlying causa last.  PART II. OTHER SIGNIFICANT CONDITIO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  21. I certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Typa) Lee L. Lawn	Contributing to DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  20d. INJURY OCCURED  While Not While at work at wo	CE OF INJURY (Homa, farm, ory, street, office bldg., atc.)  Sept. 6., 1961, to.  death occured at	of item 18.)  / or town) (Cou	1 day 5 years  5 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO 13.  No 14.  Ol that (I) (we) late the date stated above 22b. DATE 9/18/61  Salisbury, Mo
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating tha underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  PART III. OTHER SIGNIFICANT CONDITIO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21.   certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE	Cheneralized arter  NS CONTRIBUTING TO DEATH BUT NO  Db. DESCRIBE HOW INJURY OCCURED  20d. INJURY OCCURED  While Not While at work 20th at work 10th 127	CE OF INJURY (Homa, farm, ory, street, office bldg., atc.)  Sept. 6., 1961, to.  death occured at	of item 18.)  or town) (Cou  Sept. 17., 19.  the causes and on the causes are consistent of the causes are caused on the causes are caused on the causes are caused on the cause of the causes are caused on the cause of the	1 day 5 years  5 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO 3.  No 3.  Ol that (I) (we) last the date stated above 22b. DATE 9/18/61  Salisbury, Mo
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating tha underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21.   certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE  22a. SIGNATURE	Contributing to DEATH BUT NO.  Db. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURED   2De. PLA   While   Not While   at work   at work   at work   at work   at work   while   whi	iosclerosis  TRELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Pert I  CE OF INJURY (Homa, farm, ory, straet, office bidg., atc.)  Sept. 6, 19.61, to.  death occured at	of item 18.)  or town) (Cou  Sept. 17, 19.  the causes and on the causes and on the causes.  te Hospital;  ATION (City power or count	1 day 5 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1  (Stata)   (Stata)   (Stata)   (Stata)  (Stata)  22b. DATE 9/18/61  Salisbury, Mo
DUE TO  Conditions, if any, which gave risa to immediate cause (a), stating tha underlying acausa last.  PART II. OTHER SIGNIFICANT CONDITIO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that (I) (this hospital) saw the deceased alive on Set 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Typa) Lee L. Laws  23a. BURIAL, CREMATION, 23b. DATE THEREO	Contributing to DEATH BUT NO.  Db. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURED   2De. PLA   While   Not While   at work   at work   at work   at work   at work   at work   ADDRESS	iosclerosis  TRELATED TO THE TERMINAL DISEASE  (Enter natura of injury in Part I or Pert I  CE OF INJURY (Homa, farm, ory, straet, office bidg., atc.)  Sept. 6, 19.61, to.  death occured at	of item 18.)  or town) (Cou  Sept. 17, 19.  the causes and on the causes and on the causes and on the causes.  THE HOSPITAL;  THE HOSPITAL;  THE HOSPITAL;  THE HOSPITAL;  THE HOSPITAL;	1 day 5 years  1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1  (Stata)   (Stata)   (Stata)   (Stata)  (Stata)  22b. DATE 9/18/61  Salisbury, Mo



.61

23. FUNERAL DIRECTOR'S SIGNATURE

Holloway & Company.

Wicomico Mem.

Salisbury.

**ADDRESS** 

Park.

DATE

Me .

Salisbury

24a. REC'D BY REGISTRAR

Reg. Disk Now

Months

Wicomico

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

YES NO

(State)

U.S.A.

Days

(Caunty)

24b. REGISTRAR'S SIGNATURE

arthur & Krous

e. IS RESIDENCE

ON A FARMIN

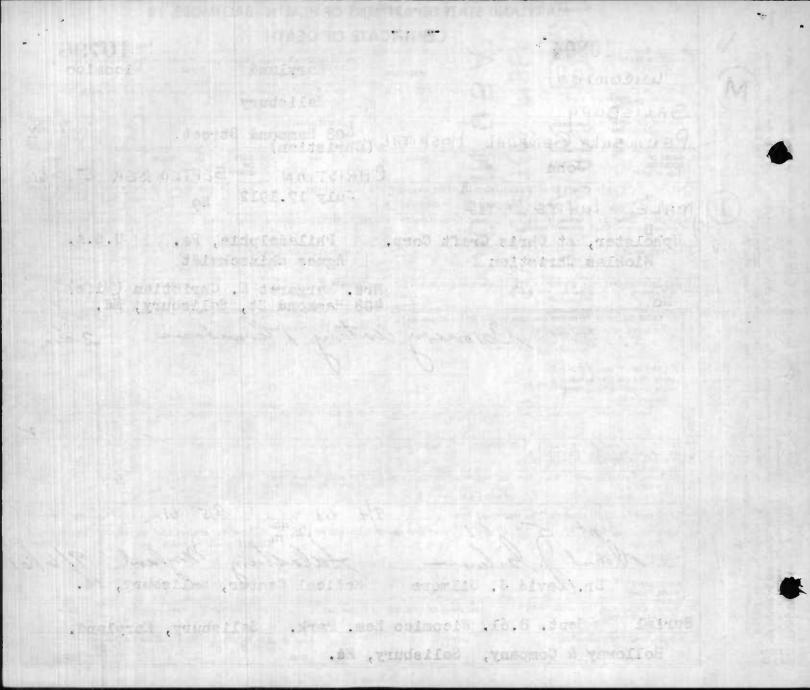
YES NO

Year

1961

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15M 9/5B



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10205 CERTIFICATE OF DEATH

10002	OEKTII TO	AIE OI BEAIII	Reg Dist N	POIN
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	ed lived. If institution: Residence bef	ore odmission)
a. COUNTY	MARYLAND	o. STATE	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	LENGTH OF STAY IN 16	mary Land	WICON	
RUPAL and give nearest town)	LENGIN OF STAT IN ID	c. CITY OK IOWN (If ourside corp.	orote limits, write RURAL and give no	earest town)
Natis bury		Satisbury	12	
d. NAME OF HOSPITAL (If not in hospital, give street ad	dress)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	1-	1. 14.11	Rad	ON A FARM?
Teninsula Menera			420	1 113 11 110 11
3. NAME OF First	Middle	Last 4. DATE OF	() Month	Day Yeor
(Type or print) / / //	ubman	Dashiell DEATH	September	9 1961
5. SEX   6. COLOR OR RACE   7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		R IF UNDER 24 HRS
1. 1. 1. 1.		11 11-1899	lost birthdoy) Months Doys	Hours Min.
mare White WIDOWED	DIVOKCED []	4-1010/	6 Zyrs.	
10a, USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZEN C	OF WHAT COUNTRY
retired lidewooder	tush win	Marsha	M MI	XX
13. FATHER'S NAME /	······	114. MOTHER'S MADEN NAME		1
111.11/11/10 - 100	-1:11	4.91 x H	soft.	
VINERUM HU	niel	and the	ull.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or unknown)   (If yes, give war or dates of service)	CIAL SECURITY NO.	INFORMANT	Address	1 3
	m	10 (XPICE ) 1	shield Jos	asburi
18. CAUSE OF DEATH [Enter only one couse per line	for (a) (b) and (c) ]	a comme or	LINI	TERVAL BETWEEN
	2 6	1de		SET AND BEATH
IMMEDIATE CAUSE (o)	erebral	Demonhage		14-turs
44.3 X DUE TO				
Conditions, if ony, which	non ten mine	Curdin Dusc	one Disomo	
gave rise to immediate	300100000	0.00 0 0.00	عدود العامر	
couse (o), stoting the under-				
lying couse lost. ) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3 (reniosel ente	Heart	Desease.		YES NO
	IRE HOW IN JURY OCCURRE	D. (Enter nature of injury in Port I or Po	rt II of item 18.)	
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,		
20c. TIME OF INJURY Month, Doy, Year 20d. INJ	- fo	ACE OF INJURY (Home, form, 20f. (Cit ectory, street, office bldg., etc.) !	y or town) (County	r) (Stote
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. p. m. 19 While of work	Not while of work	dien, sinder, sinder blage, sie.,		
		8 . 61 800	-0 /1	
21. I certify that I attended the deceased	tram	0 , 1901 , to 3401	7., 19 6 that I last sa	iw the deceased
alive an 30 pt 7 , 196	and that death	accurred at 5 2 M, fram	the causes and an the dat	te stated abave
40 0	L. MAR	ADDRESS (S	street, city or town, state)	DATE SIGNE
ACTUAL CONTRACTOR	· Helling	Vins Blu	DO Road	919/61
SIGNATURE CONCORD		M.D.	1	11-11-
PHYSICIAN'S		- Ralia hus	m	
NAME (Type)	*	300000 10000	7 I'ie	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR EREMATORY A 22d. LOOP	TON (City, town, or county)	Stote)
Bremoval (Specify) 9-11-61	Osesla	(Smoton of	21180 //	1
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 8Y REGIS	TRAR 24b. REGISTRAR'S SIGNATI	LIDE
23. TRIVERAL DIRECTOR'S SIGNATURE	DUDRESS	240. RFC D 87 REGIS	101	
dern M. Muson	smess C	MOMODATE	Conversant L. M.	race

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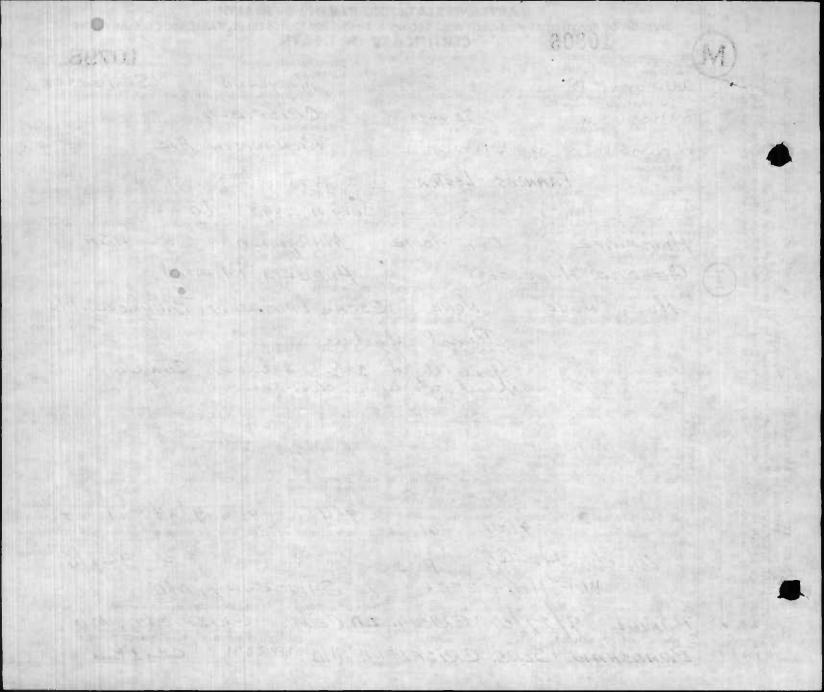
TO HOS ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Fage 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		10200
. PLACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institut	tion. Residence perore admission)
111	a. STATE MARYLAND b. COUNTY S	DOMERSET V
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN		
writa RURAL and give nearest town)	CRISFIELD	1920 1
d. NAME OF HOSPITAL QAINSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	I e. IS RESIDENCE
D		ON A FARM?
Leningul A General Hospital	KICHARDSON AVE	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
(Typa or print) FRANCES LESTER	Dayoherty DEATH Septem	luer 24-1961
5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UN lest brithday)  Mon	
Femal & WIDOWED X DIVORCED	JULY 11 , 1892 (9 yrs. Mon	oths Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDU	JSTRY   11. BIRTHPLACE (County & State, or foreign country)   12	2. CITIZEN OF WHAT COUNTRY
HOUSEWIFE OWN HOME	MARYLAND	USA
HOUSEWIFE OWN HOME	14. MOTHER'S MAIDEN NAME	
	2 2 2 - 1	
GEORGE HANCOOK	1 1022	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11. (Yas, no. of unknown)   (Ifyesgiyewarordatasofservice)	7. INFORMANT Address	0/
	OSCAR DAUGHERTY, BALTI	MORE, IND.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Penal	arlus	
430'0 DUETO		
Conditions, if eny, which \ (b) Generally ref	arterio schronis, Conge	Esleve
geve rise to immediate cause	al a series of	
	ide, contract	
Course last. (c)	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	I DART 1(=)   10 WAS ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
CAI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH OF CHIEFE, NOTIFY MEDICAL EXAMINER	JRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour a.m. While Not While et work et work	PLACE OF INJURY (Home, ferm, 2Df. (City or town)	(County) (Stete)
Hour a.m. While Not While	factory, street, office bldg., etc.)	
	9/11 106/ 9/24	10 ) about (4) (and be
21. I certify that In (this hospital) attended the deceased from		
saw the deceased alive on 9/24 1961, and t	hat death occured at, M, from the causes and	
226. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
W. or south to	M.D. PHYS. DIRECTOR PHYS.	7/25/61
22c. PHYSICIAN'S NAME (Type) 11/ = Llal > = ===0	22d. ADDRESS	
WIT. HOLDERER	SALISBURY, MO	4 = = = = = = = = = = = = = = = = = = =
30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
BURIAL 9/27/61 CRISFIE	DD CEM. CRISFIELD	U, MD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
BRANSHAW & SONS, CRISFIE.	21 00000	8. Kraus
LENCHUSHIN SUNS, CRISITIE	D / 1 / D   DAIL	as, recover



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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10807

CERT	IFIC.	ATE	OF D	EATH

1.	PLACE OF DEATH					2. 1	JSUAL RESIDENCE (WH	ere decease		on: Relide	Je Se O	c. oomiss	ion)
Wicomico MARYLAND				o. STATE Maryland Wicomico									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					V						)		
_	d NAME OF HOSPITA	AL (If not in hospital, g	ive street	45 Yrs.			d. STREET ADDRESS	ille				o. IS RES	IDENCE
	OR INSTITUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 001 0337	166							ON A	FARM?
-		lity Blvd.,	-				Ocean Ci	100	Lvd.,			1F2 [	NO 🔀
	NAME OF DECEASED (Type or print) (	CLARENCE CO	SVING	TON	idle		DAVIS	4. DATE OF DEATH	Mon 9	th	7 7	,	7eor 161
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED	B. DA	TE OF BIRTH		9. AGE (In years				R 24 HRS.
	Male	White	WIDOWE	DIVOI	RCED	11	24-1877		last birthdoy) 83 yrs.	Months	Doys	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINES	S OR INDUS	STRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12.CI1	IZEN OF	WHAT	OUNTRY?
	Retired	ng life, even it retired;		ookeeper			Maryla	nd		U	S.A		
13.	FATHER'S NAME			*		14	MOTHER'S MAIDEN N	IAME					
	Goldsbury	Davis					Elizabeth	Davis					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. IN	IFOR			Add	ress			
{Ye	NO (I	f yes, give war or dates of so	ervice) Q1	3-14-14	06 M	r.	Wm. C. Dav	ia. S	ame				
-		TH [Enter only one co	use per lin	e for (a) (b) and			12.11				LINTE	RVAL BE	TWEEN
		H WAS CAUSED BY:	Ne		0.	. /	2				ONS	ET AND	DEATH
	IMMEDIATE CAUSE (0) Conclude pullmonia 3 days.												
	450,	O DUE TO	1/2	6	2.	1	10-10-		1.	_	-	-	
	Conditions, if on gove rise to im	mediate	He	marar	ize	W	ancer	we	leros	in	5	ye	aro
	couse (o), stoting t	he under- DUE TO			0							0	
7	lying couse lost.	) (c	)		05.470								
TIO	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO	DEATH BUT	NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 11	PERFO	RMED?
ICA	+17.71											YES 🗌	NO Z
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY !	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJUR	Y OCCURREI	D. (En	ter noture of injury in I	Port I or Por	t It of item 1B.)				
CAL	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. IN	NJURY OCCURRED	20e. PL	ACE (	OF INJURY (Home, form	, 20f. (City	or town)	(	County)		(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	foo	ctory,	street, office bldg., etc.	.)					
~		(IX (AL 1: 1:1:-1	-		-16	2	110 10	11.	012	10/	11	. (1) (	
		(I) (this hospital	atrena 2			/	19	(L), .fo	7-1				we) last
	saw the decease	ed alive on	4-4-	19 GL. , a	ind that d	leath	accurred a 3 5	M, fram	the causes an	d an th	e date	stated	abave.
	AZO. SIGISTICAL	15/	4	# A	,		ATTENDING MI	ED	STAFF		9_	8	SIGNED
	22c. PHYSICIAN'S	me 11	an	301	-	M.D.	22d. ADDRESS	RECTOR [	PHYS.		- 1	0	1/01
B	NAME (Type)	Frank E.	Gar	itz Jr.	M.D.		Ber/11	V, M	ARY/AI	VD			
230	BURIAL, CREMATION	N, 23b. DATE THEREC	F	23c. NAME OF C	EMETERY O	R CR	MATORY	23d. LOCA	TION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify) Burial	9-9-1961		Pittsvi	lle Ce	eme	tery	Pitt	sville, 1	laryl	and		
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			25a. REC'	D BY REGIST	TRAR 2Sb. REGI	STRAR'S S	GNATU	RE	1000
	Hill & Joh	nson Co. S	alsih	oury, Mar	vland		DATE SE	P 11 '6	51 C.	Thung &	House		
				-							LINA		

MASS TO SECOND SHARED AS A ROSE um lyeus lu , en air THE REPORT OF THE PARTY OF THE Street Carpanyty DESCRIPTION OF THE PROPERTY OF THE STREET STREET, WAS STREET, BUT STREET, STR 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

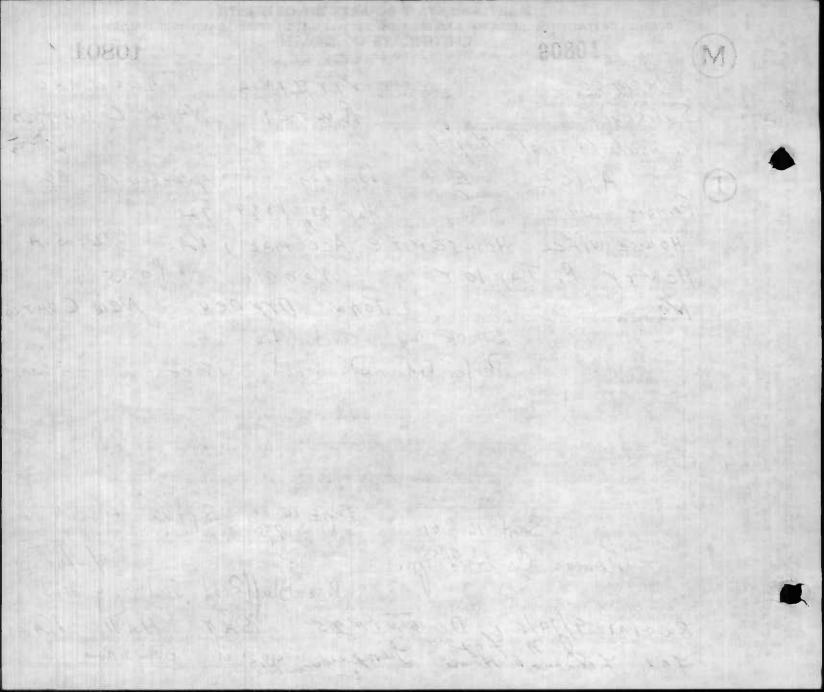
director, filed with funeral fille d COM ond pe certificate physici guipi aften þ gned

**OR ATTENDING PHYSICIAN:** The law requires that the death certificate by the hospital or attending physician.

TO HOSPI May be refo 12 (4) 12 FUNERAL

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AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY by the and 2 death. DICOMICO MARYLAND CCOMA b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 ORTOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ges 1 after filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO ninsu 3. NAME OF 4. DATE Month DECEASED OF сотр (Typa or print) DEATH 196/ carbon COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and lest birthday) Months Hours WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 940 1Db. KIND OF BUSINESS OR INDUSTRY VII. 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) HOWSE FATHER'S NAME ding 16. SOCIAL SECURITY NO. Address (Yas, no, or unkown) | (If yas give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? certific NO W 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Pr for (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (Stete) 2Dc. TIME OF INJURY Month, Day, Yaar fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from...... .., and that death occured at 9.73M, from the causes and on the date stated above. saw the deceased alive on.... DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME (Type) irector, 23a. SURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or count DATE THEREOF REMOVAL (Specify) P d 0 [-4 ADDRESS REGISTRAR 256, REGISTRAR'S SIGNATUR FUNERAL DIRECTOR'S SIGN VR A15 (4) 15M 9/60 arthur S. Frank



urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

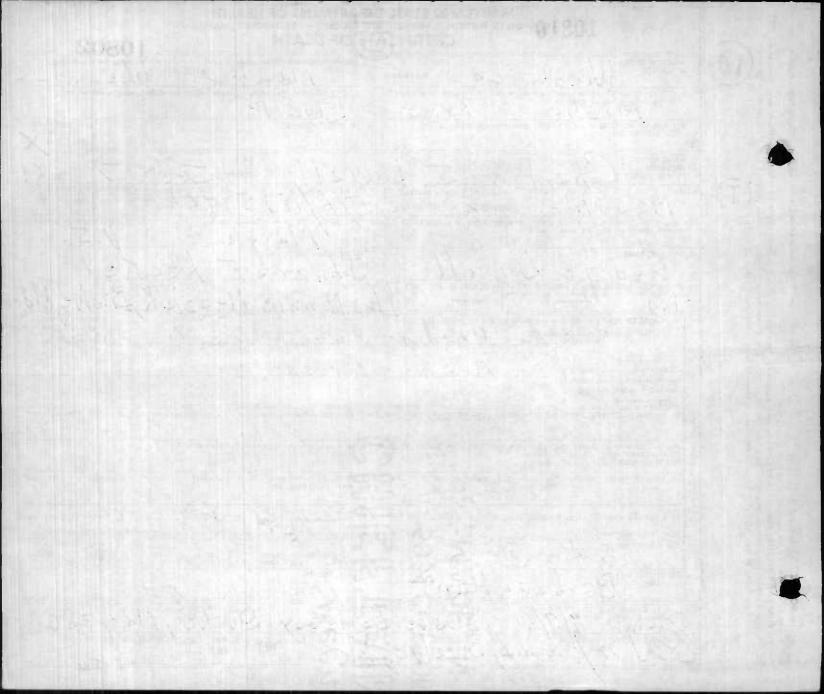
o by the funeral directar, and 2 shauld be filed with may be a funded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO HOSPI VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

	CERTIFICA	ATE OF DEATH	10802
1.	PLACE OF DEATH  J. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE	If institution: Residence before admission. COUNTY  (Ccm C)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If publicle corporate lim	its, write RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Last 4. DATE OF DEATH	Month Day Yeor 19 (1
S.	SEX MZ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH / 1875 9. AGE	(In years of the property of t
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITYZEN OF WHAT COUNTRY?
	GEOLTO DUVELL	John and F.	Heckel
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	L's Mannie Mes	5/ck Bidle, No
	18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Decomper So	INTERVAL BETWEEN ONSET AND DEATH
		clerosis	
	gove rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> DUE TO  (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of it	rem 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m.  p. m.  19 While NoI while of work of work	PLACE OF INJURY (Hame, farm, octory, street, office bldg., etc.)	n) (Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on	death occurred a 2000, from the co	of, 19_6/, that (I) (we) last
1	220. SIGNATURE Bowlink Hours	M.D. ATTENDING MED. STAR	22b. DATE / SIGNED
	22c. PHYSICIAN'S PAYOR TO THE THE NAME (Type) Bayon and The Aught	NANTICOKE	md.
23	O. BURIAL, CREMATION, 23b. DATE THEREOF 235. NAME OF CEMETERY	CMSTOY 23dy to CATION IC	ity, town, or posity) Ty Kin (State)
24	JUNEAR DIRECTOR'S SIGNATURE SILLS, BADDRESS VE,	DATE 254. REC'D BY REGISTRAR 1 1 61	25b. REGISTRAR'S SIGNATURE



TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. See 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complexify filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	COLL					0000-
1. PLACE OF DEAT			CTATE	ICE (Where deceesed lived, If b. COUL		out the mission)
W	icomico	MARYLAND	e. STATE Mary	land	Ke	ent
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, writ	e RURAL end gi	ive neerest town)
Salisbu	d give neerest town)	135 days	Cheste	rtown	14	x 2.
	TAL OR INSTITUTION (if not in		d. STREET ADDRESS		17	e. IS RESIDENCE
	Head State Hos		Route # 3			ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h D	Dey Yeer
(Type or print)	William	David	Elias	DEATH Sept	t. 6	1961
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE	AR   IF UNDER 24 HRS.
Male	0 9 4	WED DIVORCED	oct. 1,18	last birthday)	Months Dey	rs Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work   10t	. KIND OF BUSINESS OR INDUSTR		nty & Stete, or foreign country)	) 12. CITIZE	N OF WHAT COUNTRY
done during most of w	orking life, even if retired)	Various	Kent C	o Md	U	SA
13. FATHER'S NAME	orer	various	14. MOTHER'S MAIDEN			
W WAS DESCRIPTION	m. Daniel El	ias	unkno			
	[fvestivewarordeterofrenvice]		NFORMANT	Address		Daughter
no		214-32-0968 Sa	aran Livel	y Chestertov	m, Md.	
	DEATH [Enter only one ceuse p	er line for (e), (b), end (c).]				ONSET AND DEATH
PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral thrombo	osis			1 yr
332x	DUE TO					
Conditions, if en	y, which \ (b)	Generalized arte	eriosclerosi	S		5 yrs
gave rise to immed (e), steting the u	DI TILL					
cause last.	Inderlying (c)					
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(e	) 19. WAS AUTOPSY
Bra	in damage - se	vere				YES NO
OR CONTRIBUTING	AS UNDERLYING [ 20b. I CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED.	, (Enter neture of injury in	Pert I or Pert II of item 18.)		
20c. TIME OF INJU Hour a.m.	W		CE OF INJURY (Home, ferr ory, street, office bldg., etc		(County)	(Stete)
	that (I) (Mis) hospital) att	tended the deceased from	April 24	19.61 to Sept.	i, 19.61	, that (1) (we) last
and the second second second	red alve on C. Sept.	4 /-		The state of the s		
22e. SIGNATURE	7 90			O.M. from the causes	31, 110	
0	to od de	river M		MED. STAFF PHYS. T		9/6/61 SIGNED
22c. PHYSIC IN'S	and one	200	22d. ADDRESS	LJ VA		770/01
NAME (Type	Lee L. Lawr	7, M. D	Deer's He	ad Hospital; S	alisbur	y, Md.
23e. BURIAL, CREMAT	1	23c. NAME OF CEMETERY		23d. LOCATION (City, to		(Stete)
BuriaT al	9/9/61	Pomona (Col	.) Cemetery	y nr. Chest	ertown	n, Md.
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 2Sb. RE		4 -
Lo mol	to walled	Chestertow	n, Md. DATE	SEP 11 '61 C	Lithur S. 1	Travel
	-000		-	A		

- BELLVA PROBLET. DES.LTTER 2.952 Mert a liver state Hospital haved metalic · ICEG 214-32-0068 Cavel Livery Chester San . Ed. Transfer but a transfer but a latter of andt dangte - return the state of the state of the state of (1) (2) (3) Bearla Heat Machania at Lame, 16. Cold and Cold of the Cold of t west walley - Glassestown, Mr. 12 1 M. - Eller

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10012					-4.08	204-
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDE	NCE (Whare dacas		tion: Resident	e before admission)
Wicomico	MARYLAND	a. STATE Mar	yland	b. COUNTY	Wicomi	Lco
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	ta limits, writa RUR.	AL end give n	nearest town)
write RURAL and give nearest town) Salisbury	23 days	X Nantic	oke			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d STREET ADDRES	S			a. IS RESIDENCE
Deer's Head State Hospit	al					YES NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
(Type or print) John	West	Elsey	OF DEATH	Sept.	28	19 61
5. SEX   6. COLOR OR RACE   7. MARRIE	D NEVER MARRIED   8.	DATE OF SIRTH	9. 4	GE (In years   IF U		IF UNDER 24 HRS.
Male Colored WIDOWE		(1411)	83 7	ast birthday) Mon	ths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during glost of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	BIRTYPLACE (Co	enty & State, or for	eign country)   1	O CHIZEN O	F WHAT COUNTRY?
Waterman Ors	tor longer	Me			V.J.	
13. FAPTOR'S NAME	,	14. MOTHER'S MAIDE	N NAME	1 .		
1780+78 WiEl	26X	Lauri	Z /VC	ittex		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas no onunkown) (Ifyasgiva warordatasofsaryice)	SOCIAL SECURITY NO. 17. II	NFORMANT	P-1	Addrass	1.	111
1/10 - 9/7	-34-3427 /	- Velyn	1561	, Non The	COKE	WIF.
18. CAUSE OF DEATH [Enter only one causa per	lina for (a), (b), and (c).]		(1		INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CE	rebral thrombo	sis				L4 hours
332 × DUE TO						
Conditions, if any, which \ (b) Ar	terio sclerosis.	general a	nd cerebr	al		?
gave rise to immediate cause (a), stating the underlying  DUE TO						
causa last. (c)						
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)   19	
Arteriosclerotic c	ardiovascular	di sease, de	compensat	ed	Y	PERFORMED?
= 20a. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURED.	(Enter natura of injury i	n Part I or Part II of	itam 18.)		
OR CONTRIBUTING CAUSE OF DEATH						
20c. TIME OF INJURY Month, Day, Yaar 20d.		CE OF INJURY (Homa, fa		town)	(County)	(State)
20c. TIME OF INJURY Month, Day, Yaar 20d. While the control of the	Not While factor	ry, streat, offica bldg., a	ic.)			
21. I certify that (I) (this hospital) atten	ded the deceased from	Sept. 5	19 67 to S	ent. 28	. 1967. #	nat (I) (we) last
saw the deceased alive on Sept. 28	A			-		
22a. SIGNATURE		0:	40 А.М.			22b. DATE
1 Jueriu	an M.	ATTENDING PHYS.	MED.	STAFF PHYS. Y	- 0	3/28/67.
22c. PHYSICIAN'S		22d. ADDRESS				1
NAME (Type) V. Juerman, M	1. D.	Deer's H	edd State	Hospital	L; Sali	sbury, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	239 NAME OF CEMETERY	R CREMATORY	23d. LOCATI	ON (City, lowe or	county)	(Stata)
REMOVAL (Spacify)	Nantice 18	Cem,	1/Van	TIUGKI	2,11	9.
24 FUNIRAL DIRECTOR'S SIGNATURE	ADDRESS MA		EC'D BY REGISTRA		10 10	
( ) [ sout, DI	10116/11/9	DATE	412 01	Cirilian	S. Firans	

The day of the section to the section of the section of the the transfer of the state of th Collins of the second of the s

FOR STATE Page is necessary ral director. MEDICAL EXAMINER: This certificate should be executed within 24 hours after please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, permit. File pages Medical Examiner's Office along with form PM3. should be used as a burial-transit permit. File page removal, and in 0 4 should be forwarded to the Chief Medical Examin TO FUNERAL DIRECTOR: Page 3 should be used or its designated agent, prior to burial, cremation, or

	PEPARTMENT OF HEALTH  , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE b. COUNTY
Wicomico Maryland	o. STATE  Maryland  Derchester
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (Noutside corporete limits, write RURAL end give neerest town)
Salisbury d. NAME OF HOSPITATION (If not In hospitel, give streat address)	d. STREET ADDRESS IS RESIDENCE
Peninsula General Hospital	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM? YES NO
DECEASED	Lest 4. DATE Month Dey Year OF
(Type or print) Granville Franklin	Eskridge 9-27-61 19
1. MAKAGED LINEYER MAKKED LI	B. DATE OF BIRTH 9. AGE (M yeers IF UNDER 1 YEAR IF UNDER 24 HRS.    In the state of Birthdey   Months   Devs   Hours   Min.
	May 16, 1906   51 55
le. USUAL OCCUPATION (Giva kind of work one during most of working life, even il retired)  Laborer  Cassional	11. BIRTHPLACE (Slate or foreign country)  Maryland  USA
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Eskridge	Lavenia Bowman
. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(es, no, or unkown) (Ifyasgive war or detas of service)	race J. Eskridge, Laurel, Delaware
18. CAUSE OF DEATH [Enter only one cause per line for (a)n(b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	che Sinclute ONOT AND DEATH
SOLO DUE TO PUL	8.10
Conditions, If eny, which gave rise to immediate cause	Jan
(a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19. WAS AUTOPSY PERFORMED?  YES  NO
208. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)

MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work 19 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry\_ and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Earl Royer EXAMINER'S ATORY 22d LOCATION (S) NAME (Typa) 22a. BURIAL, CREMATION, 1225.
REMOVAL (Spacify) Canden 22d. LOCATION (City, town, or country) (State) Burial Galestown Cemete Galestown. Maryland GALES DUWIL THE SIGNATURE 246. REGISTRAR'S SIGNATURE

TO DEP VS. A15ME 5M 7/59

2080 CONTROL Lalaste in Testhe La Comer L. Boardest Sanidro III In orbindez all barang a sold imme The Manual of the Control of the Con

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral PLACE OF DEATH a. COUNTY a. STATE 100mico by the and 2 death. MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) SALISBURY .= Berline Md. Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS neraL ITAL RFDpapers. NAME OF 4. DATE Middla DECEASED complet OF (Type or print) carbon 7. MARRIED NEVER MARRIED and 889 18, WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Maryland Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ۵ ding Lemuel Clark Leah Smack d aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyas give war or dates of sarvica Mr. Howard Evans 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY physic signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which gava risa to immadiate cause DUE TO (a), stating the underlying causa last. RESIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION 95 use prior 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) detached DIRECTOR: After the 3 should be detached 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, Month, Day, Year factory, streat, office bldg., atc.) While Not Whila at work at work (this hospital) attended the deceased from.... 21. I certify that (I). saw the deceased alive ATTENDING MED DIRECTOR PHYS. M.D. eth. Fage 4 page PHYSICIAN'S 22d. ADDRESS 22c. NAME (Typa) filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Sunset

**ADDRESS** 

Memo\_

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Worcester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES 😿 NO Day DEATH 22 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? USA Addrass SET AND DEATH PERFORMEDI 20f. (City or town) (County) (Stata) 10. and that death occured at A.M. from the causes and on the date stated above. 22b. DATE SIGNED PHYS. 23d. LOCATION (City, town or county) (Stata) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE PATE SEP 2 7 '61 Orthung & Kraye

ector, death. F d TO VR A15 (4) 15M 9/60

REMOVAL (Spacify)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

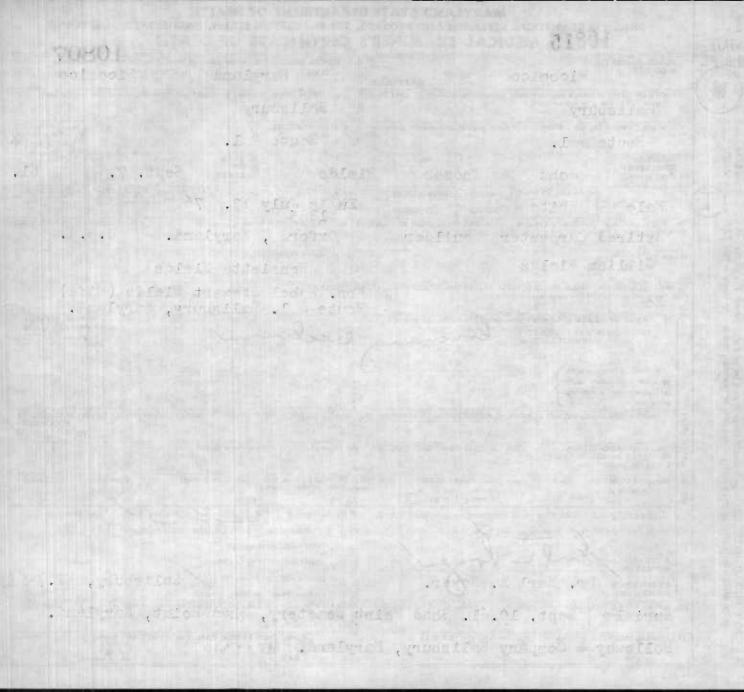
1 A - 50 5 146 School de del 188 TER THE CHARLET THE TERM THE TERM THE Colour Clerke West Marchet Williams The min ( Performance ) . The second The state of the s Section In fact the many that the section of the se

FOR STATE ay is necessarineral director. Page need for your files. retained he State E the 2, and 3 to the 5 may be re ind 2 with the 2 hours after 18. Give Pages 1, 2, h form PM3. Page 5 mit. File pages 1 and y event within 72 h permit. with ing" in pencil in la sr's Office along v is a burial-transit p removal, and in certificate should rd "pending" in p as or r Examiner' nsed should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati DEP Q40 P OH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare dacassed livad, If Institution R 1. PLACE OF DEATH e. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARME Route Route YES NO T NAME OF Last First Middla 4. DATE Month Day DECEASED Sept. Fields 61. John Thomas (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lay Kirthday) Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (Stela or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? Oxford Builder Maryland. U.S.A. 14. MOTHER'S MAIDEN NAME Fields William Henrietta Fields 16. SOCIAL SECURITY NO. 17. Stewart Mields Salisbury, Maryland INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO TO

13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, ner or unkown) | (Ifyas give wer or datas of servica) 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c).] Conditions, if any, which geve rise to immediate cause (a), steling the underlying causa last. CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Steta) factory, street, offica bldg., atc.) Not Whila Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: 7 Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Salisbury. EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 10.61. Shad Point Cemetery, Saad Point, "Maryland." 22a. BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL Spacify) Sept. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS Maryland Salisbury, SEP 1 1 '61 Company Carling S. Krays DATE

VS. A15ME 5M 9/60



PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10816 CERTIFICATE OF DEATH 23 Film G297 10/3/61 mh
12. USUAL RESIDENCE (Where deceased lived, If institution residence defore admission) . PLACE OF DEATH a. COUNTY b. COUNTY Marvland MARYLAND Wicomico b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P write RURAL and give nearest town) 3 Days Manokin .5 7 Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled i d. STREET ADDRESS Deer's Head State Hospital 4. DATE Month NAME OF OF DECEASED DEATH Septemberzh (Typa or print) B. Fontaine Nelson 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months and WIDOWED [ DIVORCED [ Male Negro physician 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ove 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan if retired) Maryland rem Taxie Cupuffer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Henrietta Banker attending Isaac Fontaine and Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yas, no, or unkown) | (Ifyas giva war or datas of sarvice) Hospital Records -- Salisbury, Maryland the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: physici Aspiration Pneumonia IMMEDIATE CAUSE (a) been signed burial-transit DUE TO Recurrent Cerebral Thrombosis Conditions, if any, which gava risa to Immediata causa DUE TO (a), stating the underlying Arteriosclerosis, General PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate prior use 2Db. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

for TOR: director, I OI VR A15 (4) 15M 9/60

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Typa)

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

23a. BURIAL, CREMATION, 23b. DATE THEREOF

20c. TIME OF INJURY Month, Day, Yaar Whila Not While at work at work

Juerman, M.D.

21. I certify that (I) (this hospital) attended the deceased from 9/21/61

2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 1 factory, streat, office bldg., atc.)

(County)

Somerset

Day

a. IS RESIDENCE ON A FARM? YES NOT

19 67

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

24 Davs

Days

(Stata)

PERFORMED? NO T

9/214/61 , 19...., that (1) (we) last 19....., to... saw the deceased alive on 9/24/61 19 and that death occurred at 8AM, from the causes and on the date stated above. 22b. DATE SIGNED MED. ATTENDING

PHYS. 30

PHYS. 22d. ADDRESS

Salisbury, Maryland

23d. LOCATION (City, town or county) (Stata) Md. Manokin

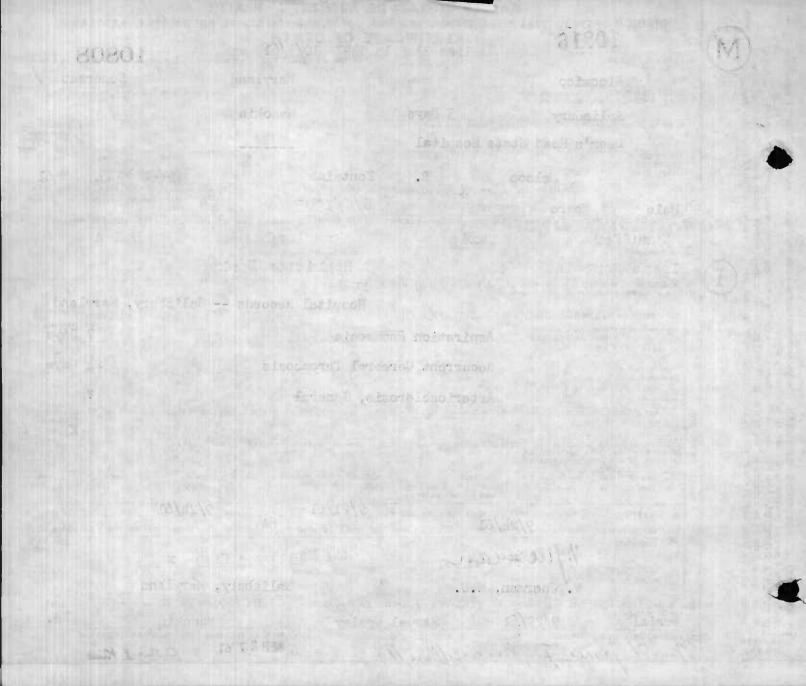
23c. NAME OF CEMETERY OR CREMATORY Samuel Wesley

DATE SEP 2 7 '61

DIRECTOR

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

arthur & Know



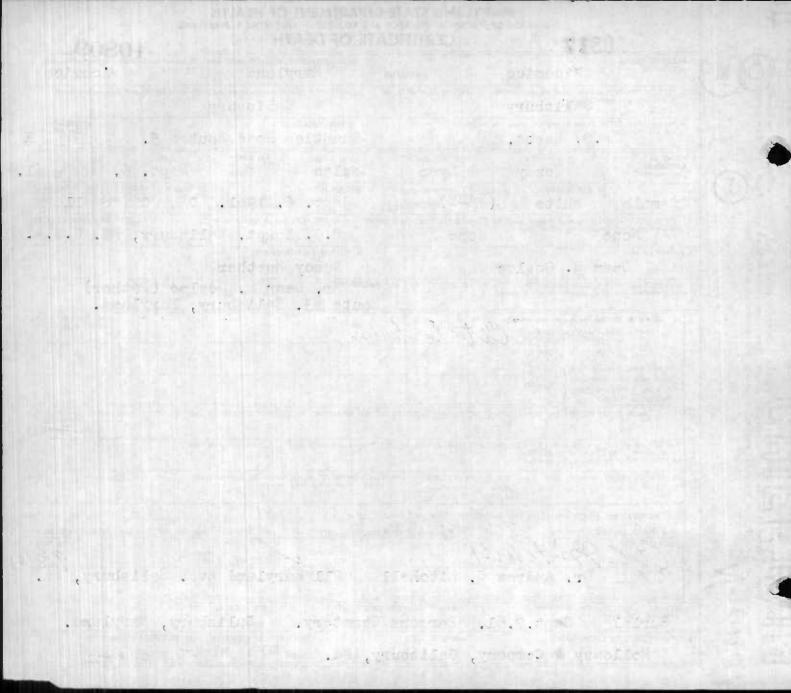
VR A1S (4) 1SM 9/59 M

N	1/	4	R۱	Y	LA	ND	ST	A	TE	D	EP	A	R	T۸	ΛE	N	T	C	F	ł	1	E/	AL.	T	H	ı

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	0817		CERTII	FICA	TE OF DE	ATH				40	190	Q	
1. PLACE OF DEATH a. COUNTY	Wicomi	.co	MAR	YLAND	2. USUAL RESIDE a. STATE MA	nce (wi	ere decease		institutio	an: Reside		re admiss	
b. CITY OR TOWN	(If autside corporate lime neares Salisbu	its, write	c. LENGTH OF STAY	' IN 16	c. CITY OR TO	,	outside carp		, write R	URAL ond	give nec	arest tawr	n)
d. NAME OF HOS OR INSTITUTIO	P.G. Hosp		ddress)		d. STREET ADD		Road	Rout	;e#	5.			IDENCE FARM2 NO 2
3. NAME OF DECEASED (Type or print)	Wend	rst .Y	Lynn Middle		Goslee		4. DATE OF DEATH			t. 6		<i>'</i>	Year 19 61
s. sex female	6. COLOR OR RACE White	1	DIVORCE		Sept.	6.	1961	9. AGE (I	n years thdoy) yrs.	Months	R 1 YEAR	Houn	Min.
during most of v	ATION (Give kind of work varking life, even if retired NO	11	None	OR INDUS	P.G.	Но	spt.		sbu				S.A.
	ean H. Gos					y Hu	uethe						
1S. WAS DECEASED E (Yes, no. or unknown)	(If yes, give war ar dates of	RCES? 16. S	OCIAL SECURITY NO		Route #5							•)	
Canditians, it gave rise to cause (o), stati lying couse la	fony, which immediate DUE TO	) ) :)	ONTRIBUTING TO DE	Tas	NOT RELATED TO T	HETERMI	INAL DISEA	SE CONDIT	ION GIV	'EN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED?
	WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)  JURY Manth, Day, Ye		RIBE HOW INJURY C	20e. PL/	ACE OF INJURY (Ho	me, form	1, 20f. (Ci		n 18.)		(County)		(State)
Hour o. (	n. 19	While of work			tory, street, affice b		//						
	5 Dn And	8-6 hv	Α.	d that d	eath accurred  ATTENDING PHYS.  22d0 APPRESS	at	M, from	staff PHYS.	ises an		ne date	stated	
230. BURIAL, CREMA REMOVAL Spec					R CREMATORY Cemetery			ATION (City	ary,	Mai	cyla		re)
24. FUNERAL DIRECT	or's signature  loway & Co	mpan	'ADDRESS y, Salis	bury			EP 1 1			strar's s			

2082272XV4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

week

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN QEWHAT COUNTRY?

Doys

(County)

Carlhun S. Thous

DATE

ON A FARM? YES NOUT

19 6

VS A15 (4) 15M 9/58

THE N. S. LEWIS CO. LANSING STREET, M. S. LEWIS CO.

TO HOS LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \frac{\pi}{\pi} \text{death}. \text{Trage 4} may be retained by the hospital or attending physician.

\$\frac{\pi}{\pi} \frac{\pi}{\pi} \text{TONERAL DIRECTOR:} After this certificate has been signed by the attending physician and completed with the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$\frac{\pi}{\pi} \frac{\pi}{\pi} \text{ director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$\frac{\pi}{\pi} \frac{\pi}{\pi} \text{ be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MAKILAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	TIMORE 1, MARYLANI
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTICATE OF DEATH	
TOOLS CHAIN OF PHAIN	10011

	idence petote admission)
	rset. V
c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
Hanan Fairmount	2 2 2 2 2
	e. IS RESIDENCE
d. STREET ADDRESS	ON A FARM?
	YES NO
Lest 4. DATE Month	Day Yeer
	4 19 61
B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE	
	ys Hours Min.
	EN OF WHAT COUNTRY?
TI C	
AMERIT A TELLICE	• A •
14. MOTHER'S MAIDEN NAME	
Addie Milligian	
INFORMANT Address	
Henry Hell Unnen Feinmount	. Md.
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ory, street, office blug., etc.)	
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	22b. DATE 9/25/61
ATTENDING MED. STAFF	
A.D. PHYS. MED. STAFF PHYS.	9/25/61
A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
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OR CREMATORY  DIRECTOR PHYS. A  DIRECTOR PHYS. A  DIRECTOR PHYS. A  22d. ADDRESS  Deer's Head State Hospital; S  OR CREMATORY  23d. LOCATION (City, town or county)  Pairmount Md	alisbury, Md.
OR CREMATORY  DIRECTOR PHYS. 22d. ADDRESS Deer's Head State Hospital; S  OR CREMATORY  23d. LOCATION (City, town or county)  Fairmount, Md.	(State)
OR CREMATORY  DIRECTOR PHYS. A  DIRECTOR PHYS. A  DIRECTOR PHYS. A  22d. ADDRESS  Deer's Head State Hospital; S  OR CREMATORY  23d. LOCATION (City, town or county)  Pairmount Md	(State)
2	Upper Fairmount  d. STREET ADDRESS  4. DATE Month OF DEATH Sept. 2 DEATH

STROL 13801 She Beal, at ant. berge golfasi-, but the searchest would be successful to and the Late of the State of th the large view and the Lot of the large view and the The William of the trees of the beat of the control of the trees of the control o Fail words all construction 9-27-51. Fairmonnt Cametery Englished drent when we reincom Ame, M. ser as a super-

Division of STATISTICAL RESEARCH CORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE Where decored lived, If Institution; Residence as SIATE Wicomico a. COUNTY elay is necessary, iral director. Page of for your files. Board of Health, b. COUNTY Wicomico Page MARYLAND 169 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. GTY QR JOWN (If outside corporete limits, write RURAL and give nearest town) Syste RORAL and wing nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ROUTE # P.G. Hosbt. e retained the State B NAME OF Middla 4. DATE Month DECEASED 3 to the OF Harris Sept. (Type or print) Pearl Louise DEATH M3. Pages 1, 2, and 3 to M3. Page 5 may be pages 1 and 2 with the within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. PATE OF BIRTH 2. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Female WIDOWED T DIVORCED 10s. USUAL OCCUPATION (Give kind of work done during most planet m PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Mae Rowley Clarence Edward Curtis permit. File r 16. SOCIAL SECURITY NO. 17 INFORMANT Bernice Carey (STSter) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give we rordates of service Salisburym Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Examiner's Office sused as a burial-hion, or removal, a Conditions, if eny, which gave rise to immediate cause g the word "penc... DUE TO (a), stating the underlying should be used rial, cremation, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS CERTIFICATION OTY MEDICAL EXAMINER: This 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) e Chief Me Page 3 sho CAUSE OF DEATH. to the Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) 20f. (Clty or town) factory, street, office bldg., etc.) While Not Whila Hour a.m. at work | et work prior sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 1 p.m Inspection 21. I certify that I took charge of the remaine described above, held an Autopsy ... Inquiry L Accident death resulted from-Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Salisbury. Dr. Earl L. Royer plnods NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DE 22d. LOCATION (City, town, or country) Delmar, Delaware. Mt. Olive Cemetery. Sept. <u>040</u> g 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Salisbury, Holloway & Company. Met. 5M 9/60 Circhery S. Through DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NOT

Year

10

INTERVAL BETWEEN

AUTOPSY PERFORMED? NO F

(State)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY

IF UNDER 24 HRS.

6.

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 10821 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Wicomico Marvland Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Parsonsburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Ocean City Blvd Penisula General Hospital NAME DE S 4. DATE OF DEATH First Middle Last Month DECEASED filled HASTINGS 9 death. (Type or print) AGNES LAWS IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months ofter DIVORCED | Female White WIDOWED | Sept. 29, 1885 yrs papers. campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) haurs during most of working life, even if retired) Own Home Maryland and Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician \_ the death certificate William R. Laws Mary Edna Betherds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address event, offending p Elmer Hastings No Same ease 18. CAUSE OF DEATH [Enter only one couse per Jine for (o), (b), and (c).] a. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO that þ permit. Conditions, if ony, which been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit attending physician 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, certificate has 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that (I) (this hospitan) attended the deceased fram. , and that death occurred at 145 PM, from the causes and an the date stated above. sow the deceased alive on DIRECTOR: 22d. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. 0 ned 22d. ADDRESS 224 PHYSICIAN'S 3 should NAME (Type page 3 sh the State 1 TO FUNER 23a, BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) he Salisbury, Maryland

Parsons Cemetery

**ADDRESS** 

VR A1S (4) 15M 9/59

Burial

24. FUNERAL DIRECTOR'S SIGNATURE

Salisbury, Maryland & Johnson Co. om an t.

25g. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

22b. DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

(County)

Day

YES NO K

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19 61

DATE SEP 2 0 '61 Cithur & Krays

THE REPORT OF THE PARTY OF THE REMARKS OF THE PROPERTY OF THE Explanation of the second of t ers after death. Page 4 the attending physician and campletely filled with the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be excised by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10814

	CER	TIF	IC/	ATE	OF	DE	ATH	

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a. COUNTY				44 4 8 91 4 4 1 8	a. STA	TE	(where deceds		COUNTY	JII: Kesiere	HCE DETE	T BASUITHIS	ioni
Wi	comico			MARYLAND	Ma	ryland				omic	0		V
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim arest tawn)	its, write	c. LENGTH C	OF STAY IN 16	c. CIT	Y ÖR TOWN	(If autside car	porate limits	s, write RI	URAL and	give ned	arest tawn	()
Salisbur	y		since	7/28/6		harpto			<				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	give street	address)		d. ST	REET ADDRESS	(	1					FARM?
	ff State	Hosp:	ital			ERRY	3/					162	NO D
3. NAME OF DECEASED (Type or print)	AL/TC	rst Tic. "	TDA I	Middle ASTING	S	Last	4. DATE OF DEAT		Mon Sept		17		Year 19 61
5. SEX	6. COLOR OR RACE	-		MARRIED	B. DATE O	F BIRTH		9. AGE (					ER 24 HRS.
Female	White	WIDOW		OIVORCED [	Sen	t. 17.	1886	last bi	rthday) yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUS	INESS OR INDI				country)		12. CIT	IZENO	FWHAT	OUNTRY?
Merch	ing life, even if retired	3)	CLOTI	41119	M	arylan	d			U	S.A	1.	39
13. FATHER'S NAME				,	14. MO	THER'S MAIDE	N NAME						
Rober	t Willing				Li	zzie H	leath						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17.	INFORMAN				Addr	ess			
No	, you, give not or donor or		***	De	annde	of Pi	no Bli	iff C	tata	Hoe	nite	1	
	TH   Enter anly ane co	nuse per li	ne for (a) (b)		COLUS	ULLI	ne bre	1110	hel he	ilus		ERVAL BE	TWEEN
	TH WAS CAUSED BY:											SET AND	
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lying cause last.	the <u>under-</u>												
	IER SIGNIFICANT CON	UDITIONS	CONTRIBUTING	TO DEATH BU	T NOT PELA	TED TO THE TE	PMINAL DISEA	ASE CONDI	TION GIV	FN IN PA	PT 1(a)	19 WAS	AUTOPSY
PART II. OTH	IER SIGITIFICATOR COL	WILLION S	CONTRIBUTION	J TO DEATH BO	THOI KED		P	ASE CONTON	11011 011	F14 114 17	(0)	PERFO	RMED?
	ary tuber					0 000						YES [	NO [
OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	NJURY OCCURR	ED. (Enter n	ature of injury	in Part I ar P	art II af ite	m 1B.)				
Z 20c TIME OF IN IUR	Y Month, Day, Ye	or 20d I	NJURY OCCUR	20e. P	LACE OF IN	JURY (Hame, f	form   20f (C	ity or lown)			(Caunty)		(State)
20c. TIME OF INJUR Haur a. m. p. m.	19	While at war	Nat while	le fi		, affice bldg.,		,,			(00,)		(5.5.0)
21. I certify tha	t (1) (this haspita	l) attend	ded the dec	eased fram	7/2	8	1961 , .ta	9,	/17_	, 19_	61, #	nat (I) (	we) last
saw the deceas	ed alive an	9/	17 19 6	L, and that	death ac	curred at 7	:5% aran	nothe car	uses an	d an th	e date	e stated	abave.
22a. SIGNATURE				Land In the								22	b.DATE
	Epplit	the	ner		M.D. PHY	NDING	MED. DIRECTOR	STAFF PHYS.				9	17/6
22c. PHYSICIAN'S NAME (Type)			,		22d.	ADDRESS							
TANKE (Type)	E.P. Ri	tchi	ngs, M.	.D.		Pine B	Bluff	State	e llo	spit	al		
BURIAL, CREMATIO REMOVAL (Specify)	9-19-0	0/	TAYL	OF CEMETERY			234 100	ATION (CIT	y, tawn, o	ar caunty)	20	7 X (Stat	ie)
24. ONERAL DIRECTOR	SHIGNATURE UN ERAL	11	APPRES	SINTAL	11.100	25a. R	EC'D BY REGI	ISTRAR 2		STRAR'S S			
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TO HOLD THE OF THE STATE OF THE	death	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complementalined in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defited
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MARYLAND ST	ATE	DEPARTMENT	OF	HEALT
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	023						108	15
1. PLACE OF DEATH			2. USUAL I	ESIDENCE (W)	nere deceesed		ution: Residence	ce before edmission
e. COUNTY Wi COMi	co	MARYLAND	e. STATE	Marylan	A	b. COUNTY	till comi	
b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 16	C CITY O	R TOWN (If outside		mits write RUR	Wicomi	
write RURAL end give nee			d. ciri o	TO WIT (II ouisiu	e corporere in	illis, wille kok	AL ONE SITO	icoroai iowii,
Salisbury		125 days	Mar	dela -	Rura	1		
d. NAME OF HOSPITAL OR II	NSTITUTION (if not in hos	pitel, give street eddress)	d. STREET	ADDRESS				e. IS RESIDENCE
Deer's Head	State Hosp	ital	Ro	oute # 1				YES NO
3. NAME OF DECEASED	First	Middle	Last	4. D.		Month	Day	Year
(Type or print)	Elmira	Alice	II.	enry o	EATH	Cant	7.7	19 67
5. SEX   16. COL			B. DATE OF BIRT	- M	10 AGE	Sept.	NDER 1 YEAR I	19 61 IF UNDER 24 HRS.
77	ored widows	D NEVER MARRIED	March 7		last b	irthdey) Mor		Hours Min.
10e. USUAL OCCUPATION (Giv		IND OF BUSINESS OR INDUST		ACE (County & Ste		7	2 CITIZEN O	F WHAT COUNTRY
done during most of working life	even if retired)	IND OF BOSINESS OK INDOS				country,		
Housework		Home	River	cton, Mar	yland		U.S.A	
13. FATHER'S NAME			14. MOTHER'	MAIDEN NAME				
Peter All	en		н	arriett	Cook			
15. WAS DECEASED EVER IN U.S	. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address		
(Yes, no, or unkown) (If yes give		Unlengem	Alton Un	leine Me	rdolo	Saring	e Md	R.F.D.#
NO 18. CAUSE OF DEATH			arree no	Kills, Me	itueta	Shring	The second second	ERVAL BETWEEN
PART I. DEATH WAS C		ine for (e), (b), end (c).)						ISET AND DEATH
	TE CAUSE (e)	Aspiration of	vomitus					6 hrs.
570.3	DUE TO							
Conditions, if eny, which	) (b) V	olvulus					2	h hrs
geve rise to Immediate cause	(-/-							4 1110
(e), steting the underlying	DUE TO							
cause lest.	) (c)							
PART II. OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	HE TERMINAL DIS	EASE CONDI	ION GIVEN IN	V PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
Pulmonem	tubonoulod	a seith and some			0021	/	1	YES NO
PART II. OTHER SIGNIFI  Pulmonary  20e. ACCIDENT WAS UNDE OR CONTRIBUTING  OR CONTRIBUTING	RLYING TI 20b. DES	s with extreme	D. (Enter neture o	injury in Pert I or	Pert II of item	1B.)		
OR CONTRIBUTING CAUS	E OF DEATH							
			ACE OF INJURY ( ctory, street, office		. (City or tow	n)	(County)	(Stete)
Hour e.m.	While 10 et wor	1401 111110	,,,					
	.,		Marr 75	1067	to Con	+ 17	10 67 4	hat (1) (wa) la
		ded the deceased from						
saw the deceased aliv	e on Sept.	19.61., and the	at death occur	ed atM,	from the	causes and	on the da	
22e. SIGNATURE			ATTENDIN	IG MED.	A.M. STA	23		22b. DATE
	Juliun	au	M.D. PHYS.	DIRECTO		s. 🕱		9/18/6
22c. PHYSICIAN'S	(		22d. ADI	RESS				
NAME (Type)	· Juerman, l	v. D.	Dee	nle Hond	Hognid	- al . En	] i ah	. W.3
						tal; Sa		(Stete)
23e. BURIAL, CREMATION, 231 REMOVAL (Specify)		23c. NAME OF CEMETERY				(City, town or		
Burial	Sept.21, 196	l Zion Church	h Cemete:	ry   1	Wear Sh	arptow	n, Mary	yland
24 FUNERAL DIRECTOR'S SIGN		ADDRESS.		25a. REC'D BY	REGISTRAR	25b. REGISTR	AR'S SIGNAT	TURE
J.J.Framptom	and Son. Fed	leralsburg.Mar	vland	DATE SEP 2	0 '61	Carl	un & Kra	rud.
	,		J	DAIL		20000	- id, / Ula	Artes

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J.J. Frington and Son, Yederalaburg, Maryland ... 82 9 9 1

FOR STATE HEALTH DEPT. TO DEF OIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a day is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Kantral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1:			10816
+	PLACE OF DEATH  O. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institut	ion: Residence belore edmission)
J.	Nicomico MARYLAND	o. STATE Maryland b. COUNTY	Wicomico
N			
	b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town)	& CITY OR TOWN (If outside corporete limits, write RURA	AL and give nearest town)
	Salisbury	Salisbury	
>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Ad. STREET ADDRESS	. IS RESIDENCE
١,		had The en and the	ON A FARM?
	Pen Gen. Hospital	406 E.Church St	YES NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
J		HILYARD DEATH SEPT.	21th 1961
. )	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH   9. AGE (fn yeers   IF UN	
y		last birthdey)	
1		June 12, 1883   78 ym.   Mont	Name -
ı	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Slele or foreign country)   12	. CITIZEN OF WHAT COUNTRY?
ı	done during most of working life, even if retired) HOUSEWITE	Wilmington, Delaware	USA
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	C O A
П	10. PATHER 3 NAME		
	Louis Seidel	Christina Kern	
1	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT . Address	= 10 -
1	(Yes, no, or unkown) (Ifyes give weror detes of service)	NFORMANT S. Christine S. Gallo, l Yenue, Wilmington, Delawa	1/18 Lancaste
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	enue, wilmington, Delawa	
1		1 6, 0	ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	John Dentugue	- 168-
Т	33 X DUE TO A A CO	-0	X
П	Yales Sel	0	7.0
ı	Conditions, if eny, which geve rise to immediate cause		for
П	(a), steling the underlying DUE TO		1
Т	cause last.		O
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a)) 19 WAS AUTORSY
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Н	0		YES NO
L	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OF CURED. (E	nter neture of injury in Pert I or Pert II of ilem 18.)	
Н	CAUSE OF DEATH.	- 406 E. Church	50
Н	20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, ferm, 206 (City or town)	(County) (Stale)
Г	S House and S - While New While factor	pry, street, office bldg., etc.)	100
ı	p.m. 8-28 19 61 at work et work	Harmy Mr	mon - K
Т	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, 16 Dify X	, and in my opinion
1	death resulted from: Natural causes . Accident . Suici	de . Homicide . Undetermined manner	
ı			
Н	1 - 1 / / / / / / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER	
1	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Н	EXAMINERS Dr/Earl L. Royer	DEPUTY MEDICAL EXAMINER	
Т	NAME (Type) 407 Camden Ave Salisbury,	Md Address (Street, city, town, or county) Sep	t. 22/1961
1	220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR		unity) (Stete)
	REMOVAL (Specify)		
L	Burial   Sept. 25, 1981 Grace Lawn	Mem. Cem.   Wilmington, Del	aware
	23. FUNERAL DIRECTOR ALBERT J. McCresparess Wilmin	gton Det. REC'D BY REGISTRAR   246. REGISTRAL	R'S SIGNATURE
1	YKKY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		of S. France

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MARYLAND	STATE I	DEPARTM	LENT OF	HEALTH
ISION OF STATISTICAL	RESEARCH /	AND RECORD	S - BALTIM	ORE 1, MARYLAND
CEI	TIFICA	TE OF	DEATH	

1	3825		CERTIF	ICAT	E OF I	DEATH				4.0	1041	
1. PLACE OF DEATH a. COUNTY	icomico		MARY		a. STATE	Mary	nere decease land	d lived. If in b. CO		4- 44	before odmi	ssion)
b. CITY OR TOWN (If a RURAL and give near	outside corporote limi est town) allsbury	ts, write	c. LENGTH OF STAY	IN 1b	SCITYO	R TOWN (IF C	sbur;		rite RUR	AL ond giv	ve nearest tov	vn)
d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION 216 Maryland Ave			d. STREET ADDRESS  216 Maryland Ave.						e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	RAYMON		MESLEY	H	OPKIN	Last IS	4. DATE OF DEATH		Month Sept		Doy 19th	Year 1961
Male	White	WIDOWED			DATE OF BI April	. 20,1		9. AGE (In )		onths D	YEAR IF UNI	Min.
during most of working Retired St	g life, even if retired	) _			Some	rset	Coun		•		S A	COUNTRY?
13. FATHER'S NAME James Hopk					E)][8	R'S MAIDEN I	NAME	_				
15. WAS DECEASED EVER (Yes, no. or unknown) [Ink (If	IN U. S. ARMED FOR yes, give war or dates of s		OCIAL SECURITY NO	Mrs	Kath Balt	aryn	Lake.	-6917	Hollane	abi:	rd Av	е.
18. CAUSE OF DEATH	H [Enter anly one ca H WAS CAUSED BY: MMEDIATE CAUSE (o	//	for (o), (b), and (c).	15							INTERVAL E	D DEATH
Conditions, if ony gave rise to im- couse (a), stoting th	mediate (	, a	tros	eli	re	6-						
lying couse last.	) (c	DITIONS <u>CC</u>	INTRIBUTING TO DEA	ATH BUT NO	OT RELATED	TO THE TERM	INAL DISEAS	E CONDITIO	N GIVEN	IN PART	PERF	AUTOPSY ORMED?
	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCR	A A	CCURRED.	(Enter nature	e of injury in	Part I or Por	t II of item 1	B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	ar 20d. INJ While at work	URY OCCURRED  Not while  at work			Y (Hame, farn fice bldg., etc		v or town) N/A		(Co	unty)	(State)
21. I certify that sow the deceose		ottende 9-19	d the deceased		ath occur	455 19 red 31 1	M, fram	the cause			, that (I) date state	
22a. SIGNATURE	mtu	ull	,	M.1	ATTEND PHYS.	ING K	ED. IRECTOR	STAFF PHYS.				2b. DATE
22c. PHYSICIAN'S NAME (Type)	.Andrew	C.Mi	tchell		Mary	oress rland	Ave.	Sali	sbur	у, М	aryla	nd
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREC	)F	23c. NAME OF CEMI	ETERY OR	PEMATORY		234 LOCA	TION (City, t	own, or o	county)	(St	ate)
Burial  24. FUNERAL DIRECTOR'S	Sept.22		Wicomic ADDRESS			al Par		alisb	ury,		yland	

SALISBURY, MARYLAND

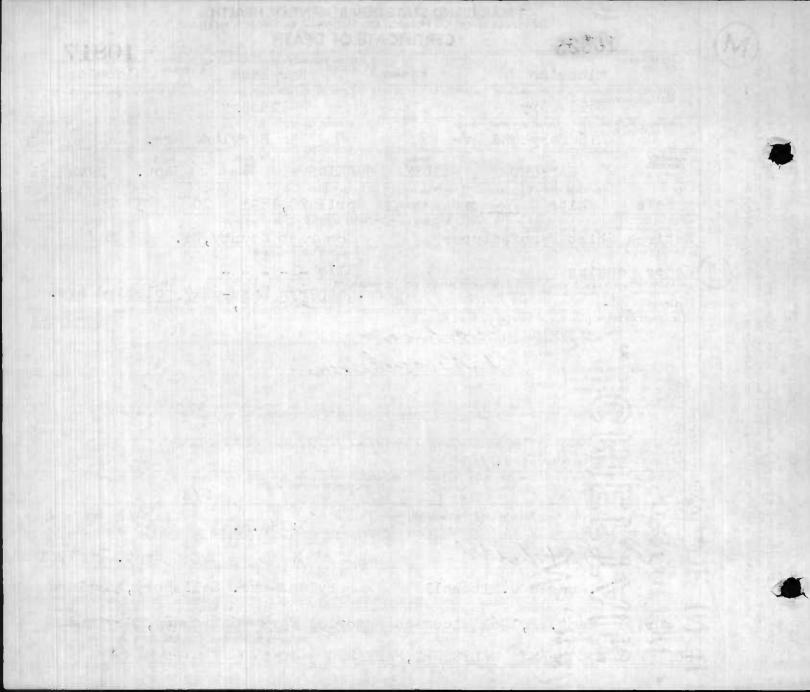
TO HOSPICATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 process after death. Page 4 may be rewined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

Ucs after death. Page 4

VR A1S (4) 15M 9/59

COMPANY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10826 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND COMICO Ulleme b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? ENINSU YES NO NAME OF 4. DATE Middle Last Yeor Day DECEASED (Type or print) DEATH EPTEMBER 196 S. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days DIVORCED | papers. WIDOWED | yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) death during most of working life even if retired) carban after 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address yes, give war ar dates of service! 72 ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN d ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underburial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from. 19\_\_\_,that I last saw the deceased \_, and that death occurred at 6. \_\_\_\_M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pe SIGNATURE ď 3 shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) **EMOVAL** (Specify)

**ADDRESS** 

BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

funeral cample pup physician attending certificate DIRECTOR ned TO FUNERAL page

VS A15 (4) 15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

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10826 BEN SINGER GENERAL HOSPITHEN FRETZE PROTECTIONES Females (September 1997) Salar Sugar Salar The state of the s The Santas I wat - sail the state of the Description of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. ESTON STREET, BALTIMORE 1, MARYLAND 9 Film G296 FOR STATE USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH vureral director. Page sained for your files. State Board of Health, e. COUNTY h COUNTY e. STATE is necessary MARYLAND Maryland Wicomico Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Eden d. STREET ADDRESS This certificate should be executed within 24 hours after death. If the funders of word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funders adical Examiner's Office along with form PM3. Page 5 may be retained adical Examiner's Office along with form PM3. Page 5 may be retained adical Examiner's Office along with form PM3. Page 5 may be retained ould be used as a burial-transit permit. File pages 1 and 2 with the State Bould be used as a burial-transit permit. Peninsula General Hospital Route Last DATE Month DECEASED OF (Type or print) Paul DEATH Thomas James Jr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months WIDOWED DIVORCED M AA 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Eden, Md. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul T. James. R F D. Eden. Maryland Paul Thomas James 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Condillons, if eny, which (b) asse execute the certificate, writing the word "pending", should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gave rise to immediate cause DUE TO (e), sleling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. sustained 3rd degree burns of scalp, hand, ches Child 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f, (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) 2 Not While Wicomico et work Eden et work Own home. prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry K agent, Natural causes Accident . Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE 9-17-61 L. Royer, DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typo) 1.07 Camden
220. BURIAL, CREMATION, 226. DATE THEREOF plnods ve Salisbury AdMd (Street, city, town, or county)
22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (C Ave DE 9989 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial OH 40 6 John Wesley Princess Anne ā 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A1SME "illiam F. James Jr. Princess Anne, Md arihun S. Kraus

e. IS RESIDENCE ON A FARM?

YES NO

Yeer

19

INTERVAL BETWEEN

PERFORMED? NO

(Stete)

Md.

and in my opinion

DATE SIGNED

(Stete)

IF UNDER 24 HRS.

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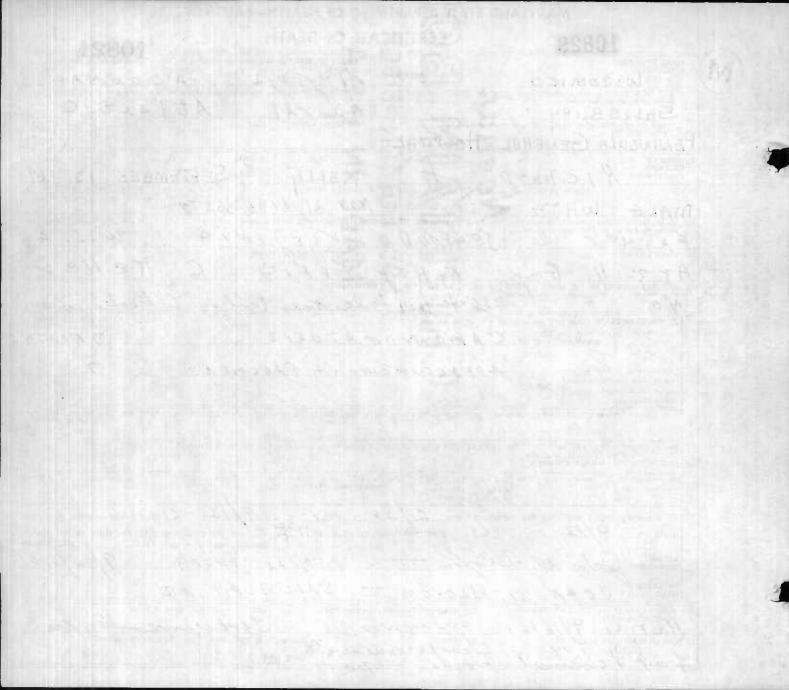
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Transplanta in the second of t THE ET AND YOUR DEEP STATE BENEVEL NEVER BY BY STATE AT GRANGE Market Bankans al Al market D M 64 CH 64 CH JTA The other state of the state of ASOR SHOOL OF A COLL OF THE ROLL OF INCHARA TE MERCENE LA PROPERTIES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 GERTIFICATE OF DEATH 10829 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ICOMICO b. CITY OR TOWN (If autside corporate limits, write CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest tawn) DALISRURY e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION HOSPITAL YES NO NAME OF 4. DATE First Middle Manth Doy last Year DECEASED DEATH (Type or print) EMBER 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Haurs WIDOWED | DIVORCED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if-retired) after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs Address WAS DECLASED EVER IN U. S. ARMED FOXCES? 16. SOCIAL SECURITY NO. INFORMANT Dean 72 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CINOM MONTHS IMMEDIATE CAUSE (a) DUE TO ADENOCABCINOMA PANCELAS Conditions, if dny, which gave rise to immediate DUE TO cause (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Nat while ot work ot wark p. m 1964, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 11.3. M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE/SIGNED ACTUAL SIGNATURE PHYSICIAN" NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) MOVAL (Specify) 240. REC'D BY REGISTRAR ADDRESS 24b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S SIGNATURE arthur S. Thrus VS A15 (4) DATE SEP

director, filed the funeral shauld be fil 34 filleo campletely papers. pup carbon physician remave attending lease 귭 the permit. signed burial DIRECTOR: 0

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#### MARYLAND STATE DEPARTMENT OF HEALTH

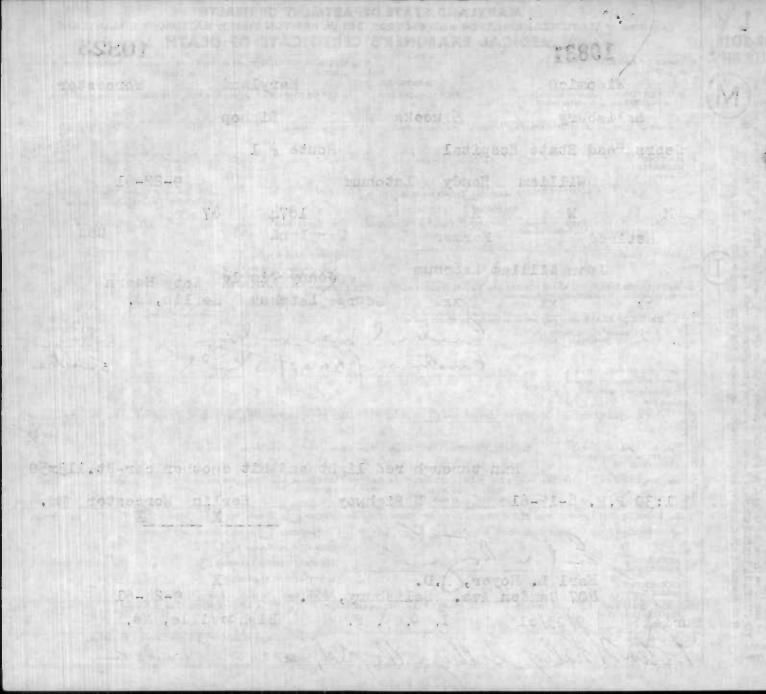
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	10830		<u></u>	10899
H	1. PLACE OF DEATH  •. COUNTY		NCE Where decessed lived, If Institu	tion residence below edmission)
Ц	/ /// /	LAND a. STATE	ul celu	muce
1	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF ST		Us outside corporete limits, write RUR	AL end give neerest town)
	write RURAL end give neerest town)	X/11		
ij.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd	ress) d. STREET ADDRES	nen	e, IS RESIDENCE
4	d. HAVE OF HOSPITAL ON MASIMOTION (III NOT III MOSPIIA), give siteel edd	d. Skiel Abbres		ON A FARM?
	LENINSULA CENERAL ITOSPITA	4		YES NO
	3. NAME OF First Middle	Last	4. DATE Month	Dey Year
	(Type or print)	Kiwa	DEATH Septem	her 23 1961
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRI	ED B. DATE OF BIRTH		NDER 1 YEAR   IF UNDER 24 HRS.
	FEMALE NECAR WILLOWED DIVORCE	- 6	last birthdey) Mor	iths Deys Hours Min
	10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS O	R INDUSTRY   11. BIRTIMPLACE (Co	unty & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	The state of the s	201	11
	Jon non	· Jales	here I'm	resij.
	13. FATHER'S MACHE	14. MOTHER'S MANDE	N NAME 172 GOV	ans.
	Skepper Tens	121	a vara of	Corone
	15. WAS DECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY I	10. 17. INFORMANT	Address	
	(Yes, no, or unkown) (If yes give wer or detes of service)	J.B. S. Sol	T	
	1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and	(c).]	1 sing	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	= . 0		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ry router		
	1/35 DUE TO	4 -		
	Conditions, if eny, which ) (b) Orenalis	e 1 500		
	geve rise to immediate cause (a), stating the underlying DUE TO	0		
	ceuse lest. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN	
ä			Management of	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH  I[F EITHER, NOTIFY MEDICAL EXAMINER]	OCCURED. (Enter neture of injury i	in Part I or Part II of item 18	112   100
3	OR CONTRIBUTING CAUSE OF DEATH	OCCORED. (Elliet liefate of infaty)	in rent to ten it of hell to.,	
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED While Not While et work et work	20e. PLACE OF INJURY (Home, fe factory, street, office bldg., e		(County) (State)
	p.m. 19 et work et work			
	21. I certify that (I) (this hospital) attended the decease	d from	. 19 to	. 19 that (I) (we) las
1	saw the deceased alive on			
	22e. SIGNATURE	and man deam occured ar.		22b, DATE
	1 .00 · · · · · · · · · · · · · · · · · ·	ATTENDING	MED. STAFF	SIGNEC
ij	William I Margan	M.D. PHYS.	DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
١				<i>-</i>
	230. EURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	EMETERY OF TREMATORY	23 d LOCATION City, town or	county) (ete)
	During 4- 24561. Celle	N Cerk	ulle	710
H	24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25e. R	REC'D BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
	1 Jeaser 1991 8	LEI DAYS	OCT 3 '61 archu	1 & Thous

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Division of STATISTICAL RESEARCH AND R ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY uneral director, Page ined for your files. e. STATE b. COUNTY is necessary, Wicomico Maryland MARYLAND Worcester b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Salisbury 5 weeks
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bishop Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? State YES ON Deers State Hospital Route NAME OF DATE Month Dev DECEASED OF with the (Type or print) DEATH 19 Handy Latchum 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2 wit s 1, 2, and 3 age 5 may 1 and 2 will 72 hours a last birthday) Months Hours WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page dona during most of working life, even if retired) Maryland Farmer pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William Latchum 17. INFORMANT Kate Hearn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | (Yas, no, or unkown) | (Ifyes give werordetes of service) George Latchum Berlin, Md. XX 1B. CAUSE OF DEATH |Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN Office along a burial-transit r ONGET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) ecute the certificate, writing the word "pending" gave rise to immediata cause Medical Examiner's rio. DUE TO (a), steting the underlying as cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 NO D plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY IN or CONTRIBUTING should be forwarded to the Chief Me FUNERAL DIRECTOR. Page 3 sho CAUSE OF DEATH. Ran through red light and hit another car-Rt.113x50 20d. INJURY OCCURRED 70e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, offica bldg., atc.) Not While at work at work X Highway Berlin Worcester 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Matural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Royer, DEPUTY MEDICAL EXAMINER X EXAMINER'S pinous NAME (Typa) Ave Salisbury Add Adulas (Streat, city, town, or county) 9-2/1-61 7 Camden 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. (State) REMOVAL (Specify) Bish oville. Md. 0 40 240. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE ADDRESS VS. A15ME DASEP 2 8 '61 arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral & 9 F1 lm (207 10/2/6) who decessed lived, If institution 1. PLACE OF DEATH e dmission e. COUNTY b. COUNTY Wicomico the d MARYLAND Maryland Dorchester b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) by the C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nagras) town) Salisbury 13 days Cambridge .5 7 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE papers. Pagin 72 hours ON A FARM? Deer's Head State Hospital YES TO NO T 201 Willis St. 3. NAME OF 4. DATE Middle Month DECEASED OF Otis (Typa or print) Carrol LeCompte DEATH 24 19 61 Sept. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours Male White WIDOWED [ 8 DIVORCED Sept. physician 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if ratirad Dorchester County, Md. Huckster 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Caleb LeCompte Mary Bell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then removal, (Yes, no, or unkown) | (If yas giva war or dates of servica) Mrs. Beulah LeCompte Wilmington Del. attending physician. 217-10-8384 permit. 18. CAUSE OF DEATH [Entar only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary vessel occlusion 1 hour IMMEDIATE CAUSE (a) the burial-transit DUE TO Generalized arteriosclerosis Conditions, if any, which years certificate has been geve rise to immadiate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO -Ca. of the larynx, operated in 1957.

ENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) use prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for may be refained by the DIRECTOR: After this of Health detached 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straat, offica bldg., atc.) While Not Whila Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Sept. 11., 1961, to Sept. 21. ...., 19.61 that (I) (we) last saw the deceased alive 22a. SIGNATURE ATTENDING 9/25/61 DIRECTOR PHYS. PHYS. FUNERAL ector, page 22c. PHYSICIAN'S 22d. ADDRESS Deer's Head State Hospital NAME (Type) Lee L. Lawry. M. D. Salisbury, Maryland director, I be filed v 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) 10 Burial Sept. 27, 1961 Dorchester Memorial Park Cambridge. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 2 7 '61 VR A15 (4) Circum S. Mrace 15M 9/60 LeCompte Funeral Service Cambridge. Md.

The law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH

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H. A-Calay

Borghesten County, Ed.

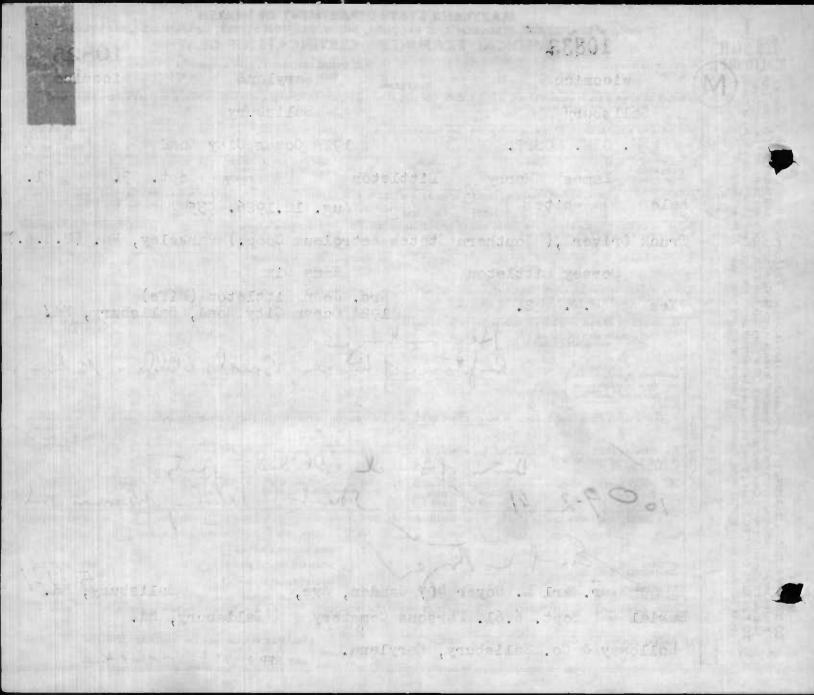
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Lecomple Peneral Service Cameride. M.

P\$80.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND 833MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Ilvad, If institution, Residence b e. COUNTY Wicomico files. Health, b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write BURAL and give neerest town) your do Salisbury d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) e. IS RESIDENCE Boar ON A FARAM PEN. GEN. HOSPT. 192A Ocean City Road the State B YES NO P 3. NAME OF Middle 4. DATE DECEASED Littleton Sept. 19 61. (Type or print) Lames Harry DEATH ge 5 may be r and 2 with th 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. Male last birthdey) 12,1926 Months Hours WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? d'Truck Driver or, ( rollsouthern States Petroleum Coop.) Parksley, Va. Give Pages 1 pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dorsey Littleton Emma Dix File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Mrs. Jean Littleton (Wife) permit. (Yes, no, or unkown) (If yes give wer or dates of service) 192A Ocean City Road, Salisbury, Md. ing" in pencil in Item 1
se's Office along with
ss a burial-transit permi
removal, and in any with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should rd "pending" in p geve rise to immediate cause Examiner's DUE TO 92 (a), steting the underlying should be used a cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical NO W 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert If or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the certificate, writing the orwarded to the Chief M DIRECTOR: Page 3 sheed agent, prior to burial 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) Month, Dey, Year (State) factory atreat, office Bldg., etc.) Not While Whila el work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion please execute the certificate should be forwarded to FUNERAL DIRECTO or its designated agent, p Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dr. Earl L. Royer Camden, Ave (Street, city, town, or county) Saliabury NAME (Type) DE 222 Beurial Cremation 22b Date thereof 6.61 Parsons Cemetery Salisbury, Md. (State) 0 940 p 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. EUNERAL DIRECTOR Co. Salisbury. Maryland. VS. AISME 7.71 un 9 Havis 161 DATE SEP 8 SM 9/60



#### MARYLAND STATE DEPARTMENT OF HEALTH

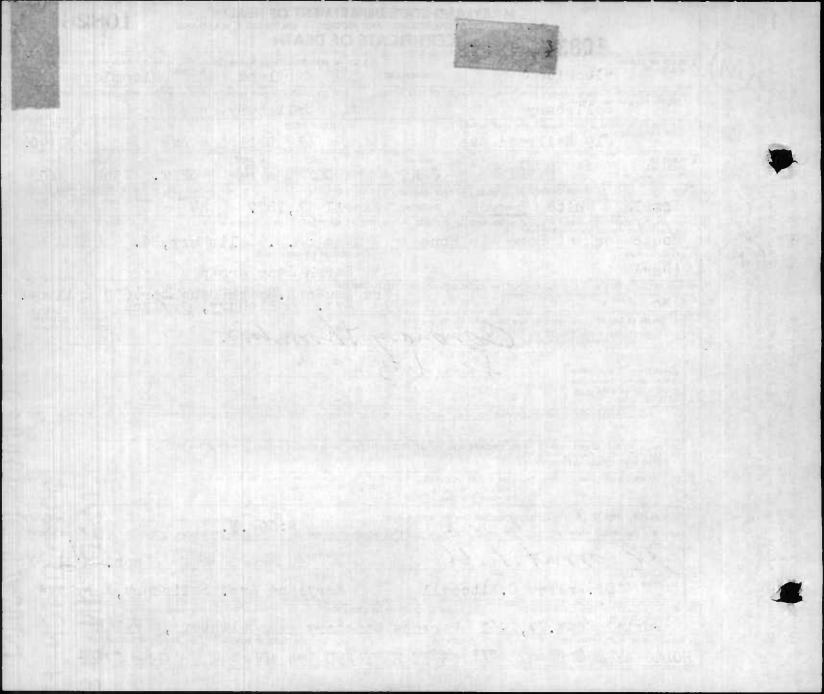
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEIC ATE OF DEATH

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10834	TIE OF DEATH
1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If aulside carporate limits, write RURAL and give nagrest town).	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 619 Railroad Ave	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First Middle DECEASED (Type or print) MILLIE JANE	MADDOX  4. DATE OF DEATH  SEPT. 25th  161
S. SEX Female  6. COLOR OR RACE White Widowed Divorced	B. DATE OF BIRTH April 11,1877  9. AGE (In years   IF UNDER 1 YEAR   F UNDER 24 HRS.   Manths   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Wango R. D. #Salisbury Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unk)	Sarah Jane Brown
	rs Maude A. Smith(Daughter)619 Railroa Ave. Salisbury, Maryland
Conditions, if any, which gove rise to immediate cause (a), staling the under-lying cause lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES □ NO 🔀
	ED. (Enter noture af injury in Port I ar Port II af item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City ar Iown) (Caunty) (State actary, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an, and that	
20 STONATURE mthall	M.D. ATTENDING MED. STAFF SIGNED PHYS. Sept 1226. DATE SIGNED PHYS. Sept 12961
MAME (Type) Dr. Andrew C. Mitchell	Maryland Ave. Salisbury, Maryland
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify) Sept, 27, 1.96]. Parsons (	Cemetery Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sd. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAI	RYI, AND DATE SEP 29'61 Orthun 2. House

TO HOSP VR A1S (4) 15M 9/59



TO HO FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut, within 24 hours after death, age 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith.

091

### MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 10835 . CERTIFICATE OF DEATH DIVISION 10827:

1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND		a. STATE Maryland b. COUNTY Wicomico						
	(if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)  Salisbury					
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDE	
Deer's	s Head State Hos	pital	Jenkins	Lane			YES NO	
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Day	Year	
(Typa or print)	William	Ben jamin	Marvel	DEATH	Sept.	5	1961	
5. SEX	6. COLOR OR RACE 7. MARR		. DATE OF BIRTH	84 9. 4	GE (In years   IF UNDE Libithdey) Months		IF UNDER 24 H	HRS.
Male	White WIDOW				yrs.			
dona during most of w	ATION (Give kind of work vorking life, aven if ratirad)	None			ign country) 12. C		S.A.	VTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	William Ma	rvel	Eliz	abeth F	Hearn			
	3 × DUE TO	rline for (e), (b), end (c).] erebral thrombo		ot. Se	illsbury,	ON	evland eval between set and deat 2 yrs 10 yrs	
gave rise to imme (a), steting the causa lest.  PART II. OTH	er SIGNIFICANT CONDITIONS CO		OT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN IN PA	RT 1(a)   19	). WAS AUTO	
<u>S</u>	Congenital cleft palate							
OR CONTRIBUTING	WAS UNDERLYING   2Db. DI G   CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in l	Pert I or Pert II of i	fam 1B.)			
ZOc. TIME OF IN. Hour e.m.	. 19 Wh	ile Not While fact	CE OF INJURY (Home, term tory, streat, offica bldg., etc.	.)		ounty)	(Stete	
saw the dece	that (I) (this hospital) atterased alive onSept							
	Lee Xa	Taury "	ATTENDING	MED S	STAFF PHYS.			GNED
PHYSICIAN NAME (IVE	Lee L. Lawry		Deer's Hea				sbury, M	d.
238 BURIAL, CREMA	Sept. 7.	1 Parsons	or crematory emetery,	Salis	bury, Ma	ryla	nd . (Stete)	
24 FUNERAL DIRECTO	y & Co. Sal:	isbury, Maryl	and. DATE		25b. REGISTRAR' Cothug			

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Author Committee Committee

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301 W. PRESTON STREET. BALTIMORE 1. MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. EXAM FOR STATE Film G-297 10/17/65 Cac 10828 HEALTH DEPT 1. PLACE OF DEATH is ne...
director. Pa...
vour files. a. COUNTY e. STATE b. COUNTY Wicomico Marvland Wicomico MARVIAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE for Boar Camden Ave (Office Newton St retained he State B YES NO death. NAME OF Middle Lest DATE Month Day DECEASED OF with the (Type or print) HARRY McCOY MATTAX DEATH SEPT. 15th 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a lest birthdey) Male WIDOWED ! DIVORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 are its designated agent, prior to burial, cremation, or removal, and in any every within 72 Baltimore, Maryland S Physician - Doctor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry A. Mattax Elizabeth Jane Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Alberta M. Mattax (Wife) 311 Newton St (Yes, no, or unkown) | (If yes give wer or dates of service) Salisbury, Maryland certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Demorol Poisoning hours IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave risa to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Schizophrenia 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER. Self inflicted with syringe MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Office Salisbury (Wicomico et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suierde Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER . Earl DEPUTY MEDICAL EXAMINER Camden Ave SHISbury, Md Add NAME (Type) Addrass (Straat, city, town, or county) 9989 DE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Wicomico Memorial Park 1 Burial Salisbury, Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATSEP 1 9 '61 VS. A15ME arthur S. Kraus HOLLOWAY & COMPANY - SALISBURY MARYLAND 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

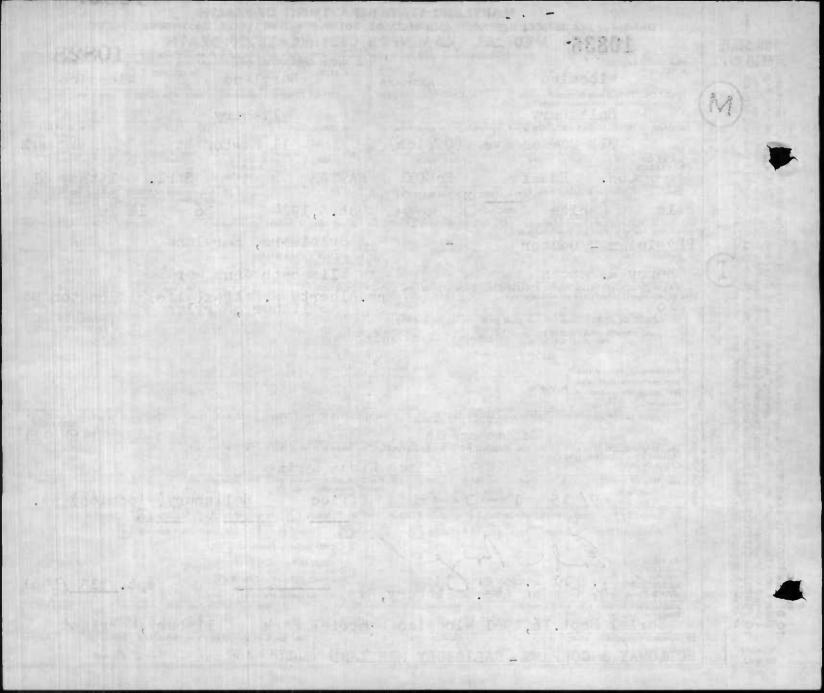
ON A FARM?

NO -

(State)

(State)

Year



# FOR STATE HEALTH DEPT.

TO DEFY. IN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the leads of the transfer of the read of the transfer of the continued of the transfer of the continued of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10821

a. COUNTY	. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi
	a. STATE b. COUNTY
WICOUIICO	Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	0.21.1
Salisbury	Salisbury   o. IS RESID
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESID  ON A F
	Part H. ATTANAN YES NO
Route # 4 [ Wango ]	ROUTE # II (Wango)
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print)	DEATH 10
Glove Washington Mitche	9-23-61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D	9. AGE (IN YEAR IF UNDER 24
WIDOWED DIVORCED D	lest birthdey) Months Deys Hours A
M   WIDOWED DIVORCED T	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
done during most of working life, even if retired)	
Farmer Farming 14	Wicomico County, Md. U.S.A.
13. FATHER'S NAME	. MOTHER'S MAIDEN NAME
Henry W. Mitchell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INF	Mary A. Townsend
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INF	ighter: Mrs. Dorothy Cooper
Unk 808	S. Division St. Salisbury Md. BETWEE
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (6) Malnutrition	Weeks
DUE TO	
Conditions, if any, which (b) G. I. maligns	incy lyea:
gave rise to immediate causa	
(a), steting the underlying	
cause last. (c)	
cause last. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
cause last. (c)	PERFORMI
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	PERFORMI YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	PERFORMI YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	PERFORMI YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMI YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURED. (Enle	PERFORM! YES NO  or nature of injury in Part I or Part II of item 18.)  OF INJURY (Home, farm,   20f. (City or town) (County) (Steil
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMI YES NO
Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  2Do. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLACE (Selection)	PERFORM! YES NO  or nature of injury in Part I or Part II of item 18.)  OF INJURY (Home, farm,   20f. (City or town) (County) (Steil
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2Db. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, While Not While at work at work at work at work 19	PERFORMI YES NO  OF INJURY (Home, farm, street, office bldg., etc.)  OF INJURY (Home, farm, street, office bldg., etc.)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2Db. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, While Not While at work at work at work at work 19	PERFORMI YES NO  OF INJURY (Home, ferm, 2Df. (City or town) (County)  an Autopsy Inspection Inquiry, and in my opin
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Cause lest.   (c)	PERFORM YES NO  OF INJURY (Home, farm, street, office bldg., alc.)  an Autopsy Inspection Inquiry and in my opin  CHIEF MEDICAL EXAMINER
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2Do. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING or CONTRIBUTING cause of Death.  2Do. TIME OF INJURY Month, Dey, Year Advanced by While of	PERFORM YES NO  OF INJURY (Home, farm, 2Df. (Cily or lown) (Counly) (Stell an Autopsy Inspection Inquiry, and in my opin  CHIEF MEDICAL EXAMINER DATE SIGNE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  2De. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Day, Year While Not While at work fectory, at work at work at work Accident Suicide  21. I certify that I took charge of the remains described above, held death resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE  EXAMINER'S Earl L. Royer M. I.	PERFORM YES NO  or nature of injury in Part I or Part II of item 18.)  OF INJURY (Home, farm, 2Df. (City or lown) (County) (Steil an Autopsy Inspection Inquiry, and in my opin  Homicide Industry And Inquiry, and in my opin CHIEF MEDICAL EXAMINER DATE SIGNE DEPUTY MEDICAL EXAMINER 29-23-61
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED fectory, but work at	PERFORM YES NO  or nature of injury in Part I or Part II of item 18.)  OF INJURY (Home, farm, 2Df. (City or lown) (County) (Steil an Autopsy Inspection Inquiry, and in my opin  Homicide Industry And Inquiry, and in my opin CHIEF MEDICAL EXAMINER DATE SIGNE DEPUTY MEDICAL EXAMINER 29-23-61
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Yeer While of work of work of the remains described above, held death resulted from:  21. I certify that I took charge of the remains described above, held death resulted from:  22. BURIAL, CREMATION, 12257 DATE THEREOF AVE. NAME SALMETER OF CONTRIBUTING TO DEATH BUT NOT R  20b. DESCRIBE HOW INJURY OCCURRED. (Enter of the contribution) and the contribution of the contribution	PERFORM YES NO  or nature of injury in Part I or Part II of item 18.)  OF INJURY (Home, farm, 2Df. (City or lown) (County) (Steil an Autopsy Inspection Inquiry, and in my opin  Homicide Industry And Inquiry, and in my opin CHIEF MEDICAL EXAMINER DATE SIGNE DEPUTY MEDICAL EXAMINER 29-23-61
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  2De. TIME OF INJURY Month, Dey, Yeer While Not While St work at work 21. I certify that I took charge of the remains described above, held death resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE SATIL ROYER, MAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Spacify)  22b. Transport of the remains described above, held saturated from: Natural causes Accident Suicide  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  While Not While Story at work at work Story a	PERFORM YES NO  or nature of injury in Part I or Part II of itam 1B.)  OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stell  an Autopsy Inspection Inquiry and in my opin  Homicide Ondetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNE  DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PARTS (Street, city, town, or county)  AND SISTANT MEDICAL EXAMINER (Street, city, town, or county) (Stele)
Cause lest.   Co   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R   20b. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enle PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enle PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enle While Not While Not While   19   al work   Accident   Suicide	PERFORM YES NO  or nature of injury in Part I or Part II of item 1B.)  OF INJURY (Home, farm, street, office bldg., stc.)  an Autopsy Inspection Inquiry, and in my opin  Homicide Ondetermined mahner  CHIEF MEDICAL EXAMINER DATE SIGNE  DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PARTS (Street, city, town, or county)  Advants (Street, city, town, or county)  ANATOXI 22d. LOCATION (City, town, or country)  Cemetery R.D. #Sallsbury, Marylar
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  2De. TIME OF INJURY Month, Dey, Year While Not While factory, p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held death resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE SATIL ROYER, MAME (Type)  220. BURIAL, CREMATION, 12257 DATE THEREOFT.	PERFORM YES NO  or nature of injury in Part I or Part II of itam 1B.)  OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stell  an Autopsy Inspection Inquiry and in my opin  Homicide Ondetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNE  DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PARTS (Street, city, town, or county)  AND SISTANT MEDICAL EXAMINER (Street, city, town, or county) (Stele)
Cause last.   (c)	PERFORM YES NO  OF INJURY (Home, ferm, street, office bldg., etc.)  an Autopsy Inspection Inquiry and in my opin  Homicide Undetermined mahner  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER PROPERTY PROPERTY MEDICAL EXAMINER PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPER

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NAME OF STREET OF STREET OF STREET THE SEASON WAS INCOME. 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTHARERI Rasidance before admission PLACE OF DEA 2. USUAL RESIDENCE (Where daceesed lived, If institution: Page e. COUNTY e. STATE Wicomico MARYLAND Maryland Worcester

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Pa b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 your de write RURAL end give nearest town) Saliabury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Snow Hill Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W Peninsula 3. NAME OF General Hospital Ross Street Year DECEASED the (Type or print) form PM3. Page 5 may be refire File pages 1 and 2 with the country within 72 hours after 19 James Miles 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday) Months DIVORCED WIDOWED 39 yrs. 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired in Item 18. Give Pages 1, Labor Maryland

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME James Miles Sr. Miles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. F (Yes, no, or unkown) | (If yas give wer or dales of service) ong with No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil Office el DUE TO Conditions, if eny, which (b) gava rise lo immadiata cause 40 DUE TO (e), stating the underlying 10 Medical Examiner 9 causa last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? execute the certificate, writing the word NO pluods 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury In Pert I or Part II of item 18.) CAUSE OF DEATH. during a quarrel at Circle, Sal. Md. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20a. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) While Not While 9-22-6 It work at work Home Salisbury Wicomico prior 21. I certify that I took charge of the remains described above, held an Autops X Inspection K. inquiry X and in my opinion Homicide X death resulted from: \_Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer, EXAMINER'S Salisbury AM OF CEMETERY OF CEMETERY OF CREMETERY NAME (Type) Advers (Street, city, town, or county) DEP 9889 22a, BURIAL, CREMATION 22d. LOCATION (City, town, or country) Burial (Specify) Baptis Q40 Snow Hill 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS VS. AISME 5M 7/59

produced to the first of the control ra-se-en goden dreing --Large Designation of the Contract of the Contr ANTIN 3 VILLE II. ANTIN COMPLETE . Ditt. Did, sionit wattive it on frances a micros tode to Tork 1. Romer Committee Co . had a service of the service of th

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10840 CERTIFICATE OF DEATH

10000

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
1/1/0	maryhand Wicomies
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b	c. CITY ON TOWN (If outside corporete limits, write RURAL end give nearest town)
SaL15641-4	Sahisburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
0 , 1	1018 Marion St VES NO
Jen in Swha Meneral  3. NAME OF First Middle	1,0,0,0,0,0
3. NAME OF First Middle DECEASED	OF
(Type or print) LYNDA	Moore DEATH September 18 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
temale white WIDOWED DIVORCED	Sept. 16, 1961   lest birthdey)   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	Solichung Manuland II C A
13. FATHER'S NAME	Salisbury Maryland USA
Raymond Lee Moore	Mildred Patricia Sturgis
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivawerordetesofservice)	ther- 1018 Marion St Salisbury, Md.
No None None	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Vestilatory	Failure
762.5 DUE TO	
Conditions, if eny, which (b) ateleclasi	
gave rise to immediata causa	
(a), steting the underlying DUE TO	
couso lest. (c) Vreneture	4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	ION ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ITA ITA	YES NO CH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Part II of item 18.)
	ACT OF DUMPY OF A LOCAL CONTROL
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
p.m. 19 et work at work	
21 1 certify that (I) (this hospital) attended the deceased from	9.16. 1961, to 9.18. 19.61, that (I) (we) last
saw the deceased alive on91819_61, and the	at death occured at
	22b. DATE
22e. SIGNATURE	ATTENDING UPD CTAFF
William C. Morgan	M.D. PHYS. DIRECTOR PHYS. 7 18/61
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. William C. Morgan	Medical Center Salisbury, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOYAL (Specify)	
	lemory Gardens Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  RYIAND DASEP 1 9 '61 Cultur S. Trans
HOILOWAY & COMPANY SALISBURY MAR	RYLAND DASEP 19 01 Comma 2. 10000
2082334XV2	

0083. sept. 19, 1945 plant of the second of the se MERCHANIS A LARGE Maritally and Education of Periods and Palicolar Periods. THE REPORT OF THE PARTY OF THE

AND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where dacaesed livad, If institution: Residence before dimission) PLACE OF DEATH a. COUNTY b. COUNTY ICOMICO MARYLAND c. LENGTH OF STAY IN 16 c. CtTY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address) ON A FARM? HOSPITAL YES NO TENINSULA JENERAL 3. NAME OF DATE Middle Month DECEASED OF DEATH SEPTEMBER (Typa or print) 8 19 AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED MARRIED last birthday) Months Hours WIDOWED A DIVORCED MALE 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retirad) Aborter 13. FATHER'S NAME TAC CAUSE OF UR T. H Temer ... . One cau ART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which geva risa to immediate ceusa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) 2Dc. TIME OF INJURY Month, Day, Year Not While factory, streat, office bldg., etc.) While Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from ... / and that death occurred at 2 AM, from the causes and on the date stated above. saw the deceased alive on. DATE 22a. SIGNATU ATTENDING STAFF PHYS. . PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE (Stata) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 61 Home BENIFICIAL CEM REMOVAL (Spacify) 0 5 8 REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & King 15M 9/60

DARKER BELLEVILLE STATES TO A STATE OF THE STATES OF THE S Market Star Colored Started that Whenday THE STATE STATE OF THE STATE OF ME COSTES CONTRACTOR OF THE CONTRACTOR The New year of a may be Canty 22/1/2 type 2) 15 The Ship of 9 Ti-Land THE TANK OF THE PROPERTY OF THE PARTY OF THE MARYLAND

c. LENGTH OF STAY IN 16

10842

Wicomico

b. CITY OR TOWN (If outside corporate limits, write

PLACE OF DEATH

HOLLOWAY &

COMPANY

a. COUNTY

b. COUNTY

Marvland

DATEED 1

9 '61

Outling 8 th

that the death certificate

after death. Page

haspital ar attending physician FUNERAL n

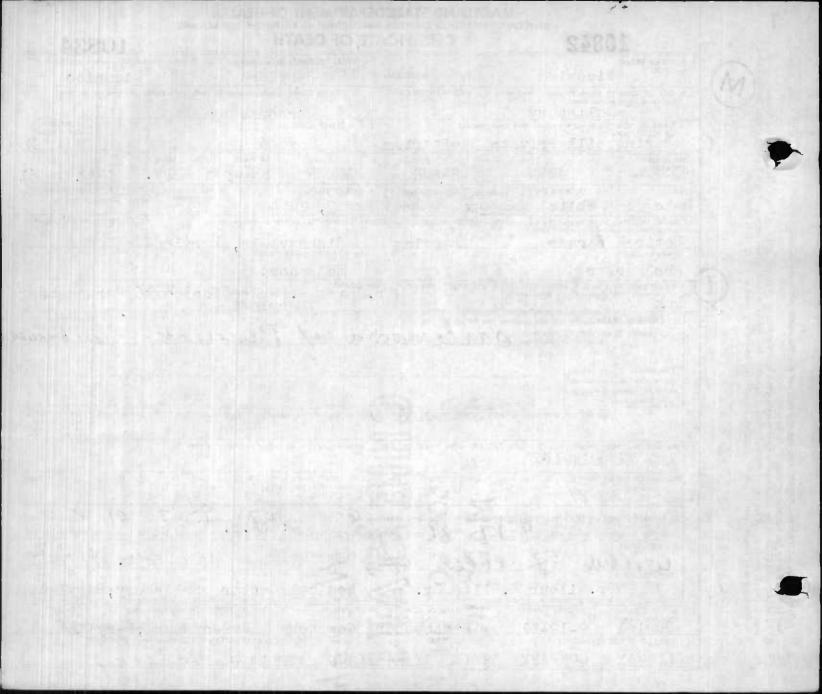
VR A15 (4)

15M 9/59

RURAL and give nearest town) Salisbury Parsonsburg d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Spring Private Sanitarium Box# NAME OF First Middle 4. DATE Last Manth DECEASED FRANK JOHN PARKER DEATH SEPT (Type ar print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Male White WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most af warking life, even if retired) Retired Farmen Bishonville 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME Abb Parker No Record Mr. James WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO A. Parker (Son) Box#6 Parsonsburg If yes, nive war or dates of service! Unk 1B. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. While Not while at wark at wark 21. 1 certify that (1) (this haspital) attended the deceased fram. and than death accurred at M, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Jr. R. Ellis edica page 3 sh the State I 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 79-67 a arsonsburg Cemetery Parsonsburg, Maryland 2 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR

SALISBURY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO W Yeor th 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO K (County) (Stote) 1961, that (I) (we) last 22b. DATE SIGNED Salisbury, Maryland (State) 256. REGISTRAR'S SIGNATURE



## FOR STATE HEALTH DEPT

TO DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If M. Nay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tacketal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Z with the State Board of Health, or its designated agent, prior to burjat demation, or removal, and in any event within 72 Hours after death

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10843 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10835

PLACE OF DEATH     a. COUNTY			
			d, If institution: Residence before admission)
Wicomico	MARYLAND	a. STATE Maryland	Wicomico
b. CITY OR TOWN (if outside corporate lim write RURAL and give neerest town)		c. CITY OR TOWN (If outside corporete limits,	
d. NAME OF HOSPITAL OR INSTITUTION	Years	d. STREET SORESS Sbury	
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospitel, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
Peninsula Gene	ral Hospital	/ 309 Happy Lane	YES NO TO
NAME OF Firs	Middle	Last 7 1. DATE	Nonth Dey Year
(Type or print)	Tierran Die	OF DEATH	20-67 19
SEX 6. COLOR OR RACI		DATE OF BIRTH 19. AGE (In y	eers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	X terrainment	last birthd	Trioning Doys Itodia Italia
Da. USUAL OCCUPATION (Give kind of wor	WIDOWED DIVORCED	July 10, 1867 94	
one during most of working life, aven if retir	rk   10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Seafood	Maryland	USA
Laborer FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
List 7 7 s am Dinleath		Many Naam	
William Pinkett . was deceased Ever in U.S. ARMED FO		Mary Nearn	dress
es, no, or unkown) (Ifyesgivewarordatesof	servica)		
No	Mr	s. Ethel Pinkett, Sa	lisbury, Md.
1B. CAUSE OF DEATH  Enter only on	e cause per line for (e), (b), end (c).]	to 0 c	INTERVAL BETWEEN ONSELAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e	terebron	1 mondon	17 Jan
332 X DUE TO	2 4	- 0	
Conditions, il any, which	(h . X	Selmens	Team
gave rise to immadiata causa			X
(a), stating the underlying DUE TO			0
cause last. ) (c			
PART II. OTHER SIGNIFICANT COND	THONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO P
	2Db. DESCRIBE HOW INJURY OCCURED. (E.	nter natura of injury in Pert I or Part II of item 1B.)	
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		a de Service	
PRIMARY Or CONTRIBUTING	Fell down stairs	at home.	(County) (State)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.	Fell down stairs	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.  12 Noon 9-17-66	Fell down stairs  eer   2Dd. INJURY OCCURRED   20e. PLAY Whila   No! While   facts at work   at work   Own	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, streat, office bldg., etc.)  home.  Salisbur	y Wicomico Md.
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.  12 Noon 9-17-66	Fell down stairs	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, streat, office bldg., etc.)  home.  Salisbur	
PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.  12 Noon 9-17-66	Fell down stairs  eer   20d. INJURY OCCURRED   20e. PLA: Whila   No! While   factor at work   et work   Own  of the remains described above, hel	at home. CE OF INJURY (Homa, farm, 20f. (City or town) pry, street, office bldg., etc.) A home. Salisbur Id an Autopsy , Inspection X, In	y Wicomico Md.  quiry X. and in my opinion
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.  12 Noon 9-17 and  21. I certify that I took charge	Fell down stairs  eer   20d. INJURY OCCURRED   20e. PLA: Whila   No! While   factor at work   et work   Own  of the remains described above, hel	at home. CE OF INJURY (Homa, farm, 20f. (City or town) pry, street, office bldg., etc.) A home. Salisbur Id an Autopsy , Inspection X, In	y Wicomico Md.  quiry X. and in my opinion
PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You Hour a.m.  12 Noon 9-17 and Cause death resulted from: Natural Cactual	Fell down stairs  eer   20d. INJURY OCCURRED   20e. PLA: Whila   No! While   factor at work   et work   Own  of the remains described above, hel	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)  A home Salisbur Salisbur Did an Autopsy Inspection In	y Wicomico Md.  quiry X. and in my opinion  d manner
PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You hour a.m.  12 Noon 9-17-6  21. I certify that I took charge death resulted from: Natural control of the contr	Fell down stairs  eer   20d. INJURY OCCURRED   20e. PLA   Whila   NoI While   factor   factor	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) pry, street, office bldg., etc.)  A home Salisbur   Sa	y Wicomico Md.  quiry X. and in my opinion  d manner
PRIMARY Or OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You hour a.m.  12 Noon 9-17-6  21. I certify that I took charge death resulted from: Natural control of the co	Fell down stairs  eer 20d. INJURY OCCURRED 20e. PLA  while Not While fact fact for the remains described above, hel auses Accident Suici  Royer, M.D.	at home.  CE OF INJURY (Homa, farm, 20f. (City or lown) ory, street, office bldg., etc.)  A home Salisbur Salisbur Id an Autopsy Inspection X, In de Homicide Inspection X, In CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	y Wicomico Md.  quiry X. and in my opinion  d manner
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, You Hour a.m.  12 Noon 9-17-66  21. I certify that I took charge death resulted from: Natural control of the cont	Fell down stairs  eer 20d. INJURY OCCURRED 20e. PLA  while Not While fact fact for the remains described above, hel auses Accident Suici  Royer, M.D.	at home.  CE OF INJURY (Homa, farm, 20f. (City or lown) ory, street, office bldg., etc.)  A home Salisbur Salisbur Id an Autopsy Inspection X, In de Homicide Inspection X, In CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	y Wicomico Md.  quiry X. and in my opinion d manner   DATE SIGNED  9-24-61
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You hour a.m.  12 Noon 9-17-6  21. I certify that I took charge death resulted from: Natural cactual signature examiner's Harl L.  a. BURIAL, CREMATION, 228. DATE THER	Fell down stairs  eer 20d. INJURY OCCURRED 20e. PLA while Not While fact at work st work Own of the remains described above, hel auses Accident Suici	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) pry, street, office bldg., etc.)  A home Salisbur   Sa	y Wicomico Md.  quiry X. and in my opinion  d manner  DATE SIGNED  9-24-61
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Dey, You Hour   a.m.  12 Noon 9-17-66  21. I certify that I took charge death resulted from: Natural	Fell down stairs  eer 2Dd. INJURY OCCURRED 20e. PLA  while Not While feet feet feet at work A County Own of the remains described above, hel auses Accident , Suici  Royer, M.D.  Royer, M.D.  22c. NAME OF CEMETERY OR	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)  A home Salisbur Salisbur Home Home Salisbur Office Home Salisbur Home Salisbur Home Salisbur Home Salisbur Home Salisbur Home Home Salisbur Home Salis	y Wicomico Md.  quiry X. and in my opinion  d manner  DATE SIGNED  9-24-61
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, You have a men and the surface of the	Fell down stairs  eer 2Dd. INJURY OCCURRED 20e. PLA  while Not While feet feet feet at work A County Own of the remains described above, hel auses Accident , Suici  Royer, M.D.  Royer, M.D.  22c. NAME OF CEMETERY OR	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)  A home Salisbur Salisbur Home Home Salisbur Office Home Salisbur Home Salisbur Home Salisbur Home Salisbur Home Salisbur Home Home Salisbur Home Salis	y Wicomico Md.  quiry X. and in my opinion  d manner   DATE SIGNED  9-24-61  own, or country) (State)  Cy, Md.
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, You have seen and the self-self-self-self-self-self-self-self-	Fell down stairs  eer   20d.  NJURY OCCURRED   20e. PLA-   While   Not While   at work   Stairs     of the remains described above, hele   causes   Accident   Suici   Royer, M.D.     len Ave. Salisbur   EOF   22c. NAME OF CEMETERY OR   61   Green Acre   Company of the company	at home.  CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)  A home Salisbur   Salisbur    Id an Autopsy   Inspection	y Wicomico Md.  quiry X. and in my opinion  d manner   DATE SIGNED  9-24-61  own, or country) (State)

HERDI I SEASE SO INCONTROL SERVICIONE DESCRIPTION ELECTION Amilyan Landing Control of the Control Pentingle Congres Lengines Langue alumited FA-06-CL THE STORES STORES AND AND THE STORES 10 724 00 124 00 were the state of - The second of on the salate med the . Di decimenti viriosi inchi in decimenti in The state of the s 4.84 (Fredalist ) . med wron nooth 10-45-9 to Inland recommended to the contract of MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ician. physi attending

VS A15 (4) 15M 9/5B

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) b. COUNTY

Year

PERFORMED? NO TO

(Stete)

(County)

Wicomico

c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)

e. IS RESIDENCE ON A FARM? YES NO Month

19 67 September 2 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys

12. CITIZEN OF WHAT COUNTRY?

II. S. A.

Address

		None	Hospital Records Salisbury	. Maryland
OF DEATH [	nter only one cau	se per line for (e), (b), end (c).]	Hospital Records Salisbury	INTERVAL BETWEEN
DEATH WAS C	AUSED BY: TE CAUSE (e)	Arteriosclerotic	Cardiovascular Disease	Years
f any, which	(10)	Arteriosclerosis,	General	Years

21. I certify that (I) (this hospital) attended the deceased from 17/1/57....... 19...... to 9/2/61......... 19...... that (I) (we) last

22b. DATE SIGNED

Deer's Head State Hospital - Salisbury

23d. LOCATION (City, town or county) (State)

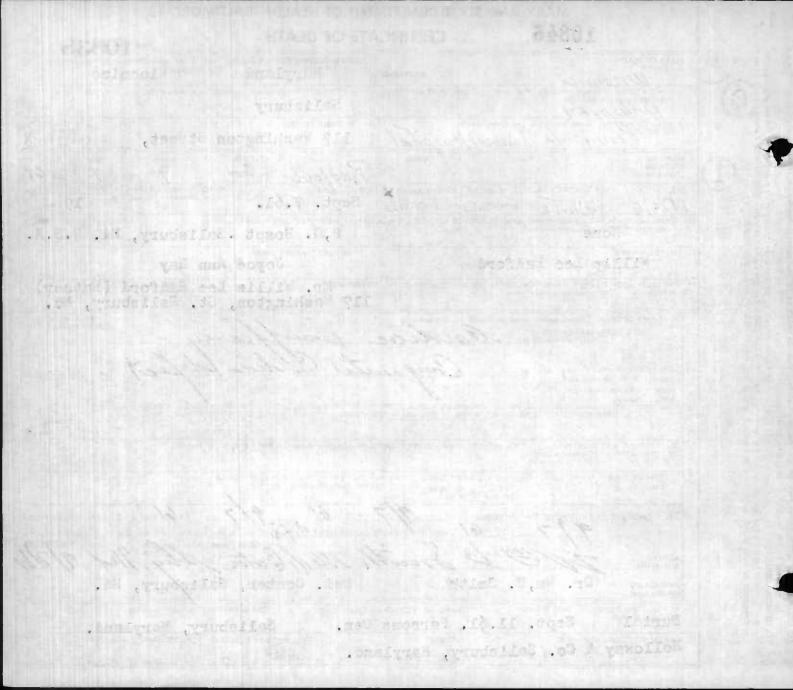
25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur & Trava

Pocomoke City. Md.

The Winner of the state of the if all reserve to the later the later of the sale that deni graff . verteneron 10.000 dittata il Percher Come to the agencies of the agency Arter did ereste, cocourt l'Juerman grandeles - Interior etata heca atmera the Banacate Harris 9-4-61 Rolly Gross Enlanges | Processon | Paryland Concept of the company of the start of the s

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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- 4	0	-	• 7	u
-			-	-

1	10839
	PLACE OF DEATH  D. COUNTY Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Wicomico
: -	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Salisbury  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 606 E. Isabella St  d. STREET ADDRESS ON A FARM YES NO P
	NAME OF First Middle Last 4. DATE Month Day Year OF DEATH SEPT. 22 19 6
	Female White widowed 1 Divorced May 10, 1893   last birthdoy) Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Work at Home  None  None  Vicomico Co. Maryland  US A
	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Martha - Namcy Parsons
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) (If yes, give wor or dates of service) 16. Social SECURITY No. 17. INFORMANT Name of St. 18. Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which (b) Heyhutlusm & arteris Felering
	couse (a), stating the under.  lying cause last.  (c) Wi alite Mellius
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.)  N/A
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  N/A  19  Od. INJURY OCCURRED While of work of w
	21. I certify that (I) (this haspital) attended the deceased fram. 97.7461, 19, that (I) (we) I saw the deceased alive on
1	226. SIGNATURE  ATTENDING MED. STAFF SIGN SIGNATURE  ATTENDING MED. STAFF PHYS. Sept. 23 /190
	Pr. Carrie I Hearn N.Division St. Salisbury, Maryland N.Division St. Salisbury, Maryland
230	Burial, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY Sept 24/61 Wicomico Memorial Park Salisbury, Maryland
	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  OLLOWAY & COMPANY SALISBURY MARYLAND  DATE  250. REC'D BY REGISTRAR'S SIGNATURE  OLLOWAY & COMPANY SALISBURY MARYLAND

VR AL 15M 9/59 WHAT YEAR IS ENGINEENED TREATE MOTORIES WHEN ACCOUNT OF US When the state of the THE THOUSAND IN THE SECOND ROSE TO STORE SALES OF SERVICE

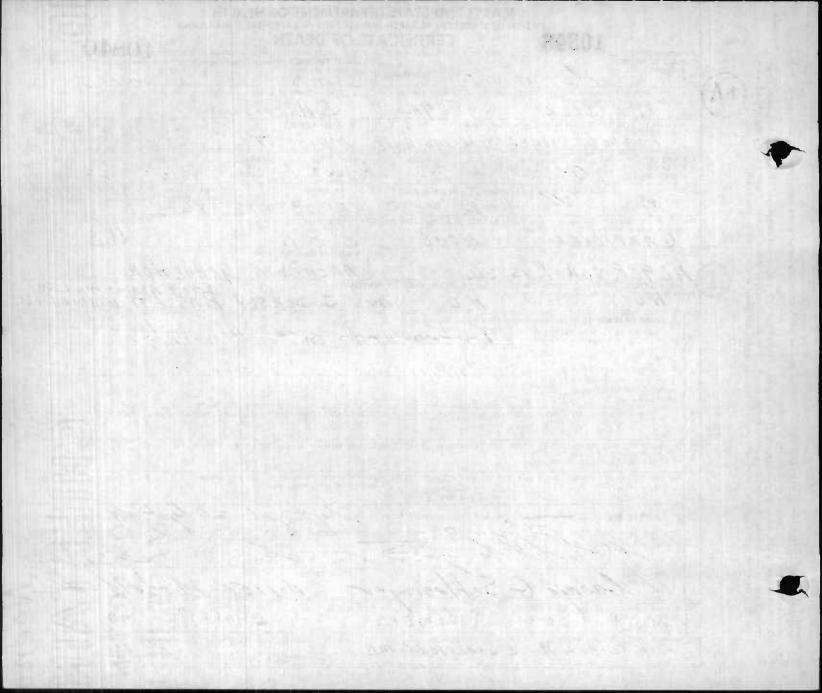
TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hows, a after death. Page 4 may be removed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5 by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remavol, and in any event, within 72 haurs after death.

DIVISION 10848		DEPARTMENT OF IND RECORDS — BALTIM TE OF DEATH		10840
1. PLACE OF DEATH o. COUNTY  Michigan	Company Maryland	2. USUAL RESIDENCE (When a. STATE	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)  ARDELA	c. LENGTH OF STAY IN 16	W	Tow N	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION MAPLE SHADE		d. STREET ADDRESS  MAIN S	7	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OSCUL	Middle	RUSSE//	4. DATE Mon	th Day Year 26 19 6/
277 811	MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH SEPT 23, 18	9. AGE (In years lost birthday) 8 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ARPICALER	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ALGERNON RUS	SELL	ARCARDI.	A GRAVEN	OR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT DIS J'DOR.	270 Addr	TI WAShingTON. DO
1B. CAUSE OF DEATH [Enter only one couse p	per line for (o), (b), and (c).]	11		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tartra al	hich m11716	Henory	14 2 UNSET AND DEATH
151X DUE TO	18	1	1	5 16
gove rise to immediate (b)	Carcinen	1 ce 1/ ).	Firhe R	7-1.7

1	M	W	WIDOWED	DIVORCED	SEPT	23,1875	lost birthdoy) yrs.	Months Doys	Hours Min.
		ng life, even if retired	)	BUSINESS OR INC	OUSTRY 11. BIRTHP	LACE (Stote or foreign co	ountry)	12. CITIZEN OF	WHAT COUNTRY?
	3. FATHER'S NAME	211614		0	14. MOTHER	S MAIDEN NAME			
1	ALGER	NOH RU	ISSELL			ARDIA G	PRAVEN	OR	
1	5. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		SECURITY NO. 17	informant in S	DORSEY	BASSE	DAMS M	Shirator DC
I	18. CAUSE OF DEAT	TH [Enter only one co	use per line for (o)	, (b), and (c).]	11	, , ,	,		RVAL BETWEEN ET AND DEATH
	PART I. DEAT	H WAS CAUSED BY:	1 721	Free a	fich mi	216 / //	morch	G & ONS	EI AND DEATH
	151X	DUE TO	18			1 /	//		2 16
	Conditions, if on gove rise to im		1	POINES	will.	19 11:11	en elle		1-1-1
	couse (o), stoting t	DUIT TO							/
	lying couse lost.	) (c	)						
	PART II. OTH	er significant con	DITIONS CONTRIBU	ITING TO DEATH B	UT NOT RELATED TO	O THE TERMINAL DISEAS	E CONDITION GIVEN	I IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	CAUSE OF DEATH	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture	of injury in Port I or Port	t II of item 1B.)	12 mg	
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes		while	PLACE OF INJURY foctory, street, office	(Home, farm, 20f. (City be bldg., etc.)	or town)	(County)	(Stote)
	21. I certify that	(I) (this hospital	ottended the	deceosed from	5/4	126/ ta	26. See.	-196/ th	at (I) (we) last
1	sow the deceose	100 /		2 /	/	ed at A.M. from			
	220. SIGNATURE	-1. Am	Infa. ~	,53	M.D. PHYS.		STAFF PHYS.	29 5	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	songe (	5. Seh	lesing	22d. ADDR		Murc	lela -	mel
	REMOVAL (Specify)	9-30-6		REMETERY REMEM		23d. LOCA C H A	FION (City, town, or	county) D	(Stote)
1	Smith Tu	SIGNATURE HOME	1	PTOWN, M	ns	25a. REC'D BY REGIST		RAR'S SIGNATUR	

VR A15 (4) 15M 9/59



### FOR STATE DEPT HEALTH

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the teneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 houry after death.

VS. A15ME 5M 7/59

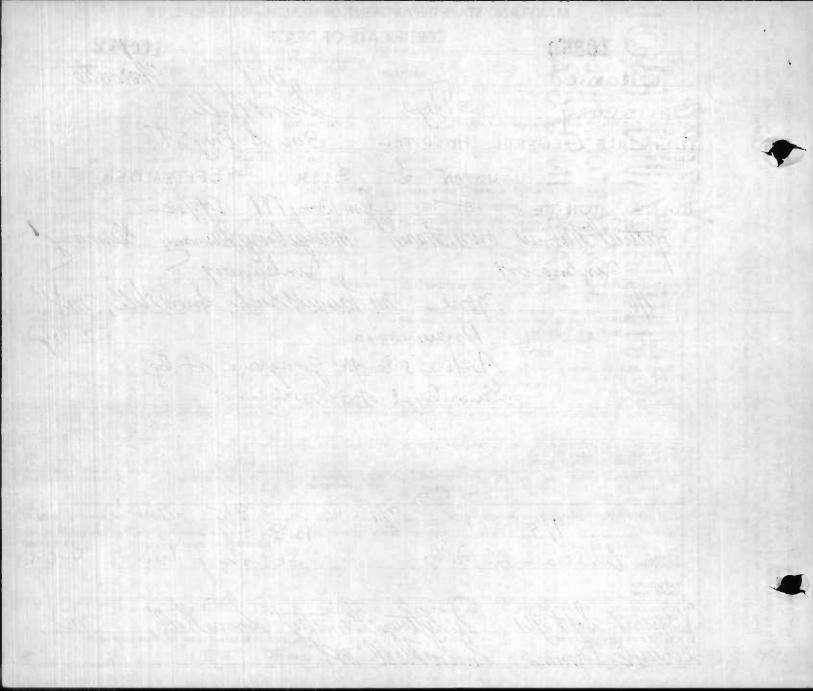
MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1084 QMEDICAL EXAMINER'S CERTIFICATE OF DEATH 40844

70070				TOOTI
1. PLACE OF DEATH a. COUNTY				nstitution: Residence before edmission)
Wicomico	MARYLAND	e. STATE	vland b. count	Worcester
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write	
write RURAL end give néerest town) Salisbury	ll davs	West	Occan Odt-	23×.7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS	Ocean City	6. IS RESIDENCE
D		TT		ON A FARM?
Peninsula General Ho	spital Middle	Last	rbor Road Month	Dey Year
(Type or print)			OF DEATH	
Alice	Selby Shu	Man. DATE OF BIRTH	9. AGE (In yeers	9-13-61 19 IF UNDER 1 YEAR   IF UNDER 24 HRS.
/ · monde		)		Months Days Hours Min.
F WIDOWE		TVG, 27	1866 95 yrs.	
0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stere	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	1/31540	PVILLE 111	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
MILBY BUNTIN	(-	MARKI	LAYTON	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I		Address	- 0
Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NO M	DC ALLON	SPENCER	OLEAN CITY!
NO 18. CAUSE OF DEATH [Enter only one cause per I	ine for (e), (b), end (c).]	103, 130, 00	PONCER	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	**			ONSET AND DEATH
(1000	Cerebral cor	itusions		ll days
9000 DUE TO				
Conditions, If eny, which geve rise to immediate cause				
(a), steting the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING  CAUSE OF DEATH	BE HOW INJURY OCCURED. (E	nter neture of injury In Pe	rt I or Pert II of item 18.)	
H'A I	1 down five	steps at	own home.	
20c. TIME OF INJURY Month, Day, Year   20d.	NJURY OCCURRED   200. PLA	CE OF INJURY (Home, fer.	m, 20f. (City or town)	(County) (Stele)
Hour s.m.	The same of the sa	ory, street, office bldg., etc m Home		Lty Worcester M
21. I certify that I took charge of the rem			Inspection V. Inquiry	
death resulted from: Matural causes	Accident . Suici			
dealit resulted from: Natural causes	Accident [V], Suici			inner
12 11		CHIEF MEDICAL		
ACTUAL SIGNATURE	MM	M.D.	DICAL EXAMINER	DATE SIGNED
EXAMINER'S Earl L. Royer,	M.Q.	DEPUTY MEDICA	L EXAMINER	
NAME (Type) 107 Camden Ave	. Salisbury			9-18-61
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown,	or country) (Stete)
12 URIAL 9/18/61	TAYLORY	ILLE	BERLIN	NID. R.FD
23. FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR   246. REGIS	TRAR'S SIGNATURE
Homa It. (2 mbag	e Duly	~ PKol DATE	SEP 2 0 '61	O Kralla
		110/16		

THEOLOGICAL STATE OF THE PROPERTY OF THE PROPE c icocit respectable and the Liver Salisbury Lara Lara Very Joseph Dity Land mades leaders and land land land land alast med The same of the MAZANTANAN TO METRO DAFANA MINAS PLANTS REPORTED TO A PERMIT . comparison on orders with much afore to be supplied which the bear the second of the bear the I'm I'm THE SET STATE OF SHEET THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/58



22c. NAME OF CEMETERY OR CREMATORY

Salisb

24a, REC'D BY REGISTRAR

Green Acres

**ADDRESS** 

22b. DATE THEREOF

1961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

should FUNER page 0

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VS A15 (4)

15M 9/5B

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

Buryoya (Specify)

ON A FARM? YES NO M Month Yeor September 1961 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Min. YES. 12. CITIZEN OF WHAT COUNTRY? U.S.A INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO I (County) (Stote) that I last saw the deceased from the causes and an the date stated above. 22d. LOCATION ( town, or county) (Stote)

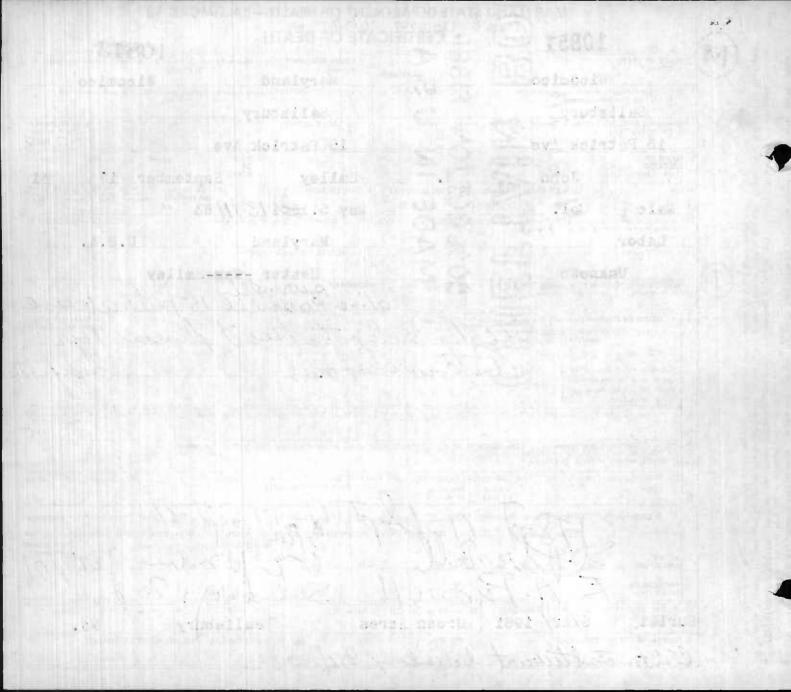
Md

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

Wicomico

e. IS RESIDENCE



### AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 10852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If his e. COUNTY necessary, actor. Page .. STATE Maryland neral director. Page Health, MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 0 Boar d. STREET ADDRESS retained he State B Route General Hospital DECEASED OF the (Type or print) DEATH

### b. COUNTY Worcester c. CITY OR TOWN (If outside corporete limits, write RURAL end give hearest town) Pocomoke . IS RESIDENCE ON A FARM? YES NO Month Day Year 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours WIDOWED TV USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. os unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. el work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addres (Street, city, town, or county) 220. BURIAL CREMATION ERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR ! SEP 1 3 '61 arthur S. Thous DATE

idence before edmission)

3 to the with may 2 wif age 5 ma 1 and 2 v 72 hours Pages pages P.W.3. Give permit. with This certificate should be executed in Item Office along w burial-transit p in pencil removal. "pending" 60 Examiner's 98 the word 9 cremat Medical plnods ease execute the certificate, writing forwarded to the Chief L DIRECTOR: Page 3 2 prior should be for FUNERAL I DEP 0 40 VS. A15ME 5M 7/59

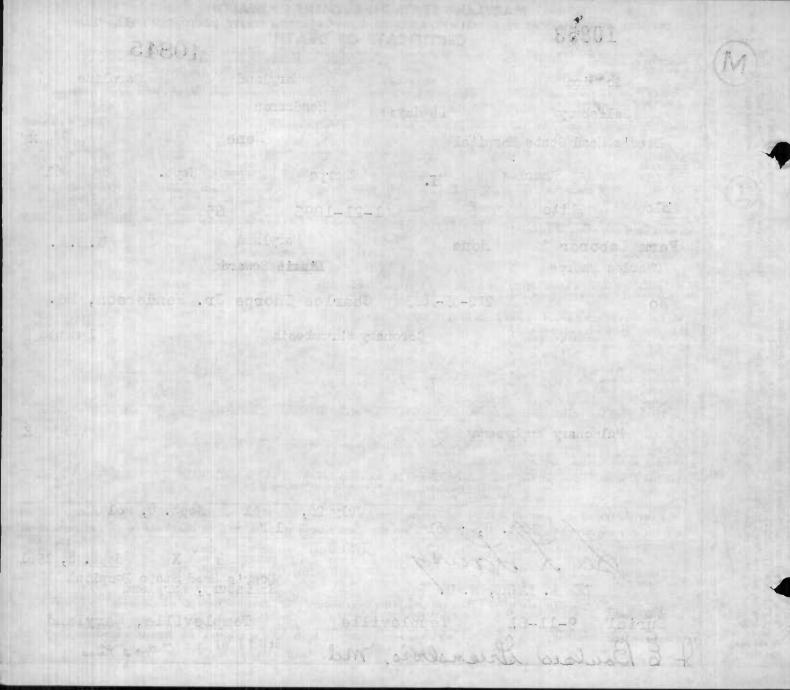
1 4 4 A. Set Lip burge Line Malnulgook Leasted kinstens 27 1983 ( hand Recomple Verentering 18 5 7. POLY TROMES None Mary Planen Macanete kinnedes Ma. v Comment of the second of the LURAL SERVICED CHRIST MIC. PRECENORS NON LAND the last the state of the state of the

# TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Jo HOS Amay be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10015

1. PLACE	OF DEATH					2. USUAL RESIDI	ENCE (Where	deceased fived, if		sidence b	efore edmission)
	Wic	omico		MARYLA	IND	Ma	ryland	5. 0001		oline	2
b. CITY	OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside co	orporete limits, writ	e RURAL and	give near	est town)
Write		give neerest town)		lili day	-	Hende	rson				
d NAM		isbury	if not in b	cospitel, give street address		d. STREET ADDRE	ce				. IS RESIDENCE
		Head State				G. STREET ADDRE	Non	e OF	5X-0		ON A FARM?
3. NAME DECEA		First		Middle		Last	4. DATI	E Mont	h	Dey	Year
(Type or	r print)	Char		H.		Thorpe	DEA:	rn Sept	•	8	1961
5. SEX		6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Mal		White	WIDOV	77	_	-21-1896		lest birthdey)	Months Da	nys He	ours Min.
10a. USUA done durin	L OCCUPATION	ON (Give kind of work	( 10b.	KIND OF BUSINESS OR IN			ounty & State,	or foreign country	12. CITIZ	EN OF W	HAT COUNTRY?
Fa	rm Lal	ooror		None			ryland			U.S	. A.
						14. MOTHER'S MAID					
	Jharles	Thorpe				11,221	.e Sewa	ra			
		IN U.S. ARMED FOR res give wer or detes of s	and a	6. SOCIAL SECURITY NO.	17. II	NFORMANT		Addres	5		
N	0	03 977 0 401 01 00103013	ol vice)	222-05-3813		Charles I	horpe	Jr. He	nders	on,	Md.
18. C	AUSE OF DE	ATH [Enter only one	ceuse pe	r line for (e), (b), end (c).							AL BETWEEN
P		WAS CAUSED BY:		Com	ייפתר	y thrombos:	ic				and DEATH month
1	190	AMEDIATE CAUSE (a)		001	JIIQL.	y one ontoos.	7.5				111011011
	not o	DUE TO									
	lons, if eny, ise to immedie		-								
	eting the un										
cause		) (c)									
Z PA	ART II. OTHER	SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEA	E CONDITION GI	VEN IN PART 1	(a) 19. V	
ATI ,	7011	Lmonary em	nhve	oma						YES	PERFORMED?
20a. A		S UNDERLYING		ESCRIBE HOW INJURY OF	CURED.	(Enter neture of injury	in Perl I or Per	t II of item 18.)		1.20	
OP. CO	NTRIBUTING [	CAUSE OF DEATH									
0	IME OF INJUR	Y Month, Dey, Ye				CE OF INJURY (Home, iry, street, office bldg.,		City or town)	(Count	у)	(Stete)
WED	Hour e.m.	19	Wh at w		10010	iry, silver, office brug.,	1				
		at (I) (this hospi	tal) atte	ended the deceased	from	July 26.	1961	. Sept.	8 , 196	L, that	(I) (we) last
			A .	8 1961 and							
	SIGNATURE	1	5							ROLL S	22b. DATE
	0	Xon X	de	nury	м.	ATTENDING PHYS.	MED. DIRECTOR	PHYS. K	S	ept.	8, 1961
	HYSICIAN'S	100	010	1		22d. ADDRESS	Doont				
1	NAME (Type)	LEE L. L	AWRY.	M. D.		THE STATE OF THE S	Salis		yland	2 DTP 5	4.1.
23e. BURIA	AL, CREMATIC	N, 23b. DATE THE	REOF	23c. NAME OF CEM	ETERY C	R CREMATORY		CATION (City, to			(Stete)
	AL (Specify)	9-11-	61	Temple	evi:	lle	Te	mplevil	le. M	aryl	and
	AL DIRECTOR"	S SIGNATURE,	00	ADDRESS				SISTRAR 255. RE			
11.8	- 12	Caral	YY.	eo n slor		mal. DATE	SEP 11	'61 C	Lithur S.	Kraus	
	0.170	wow	AVI	removed or	-	TTCC. TOATE			,,		



# FOR STATE HEALTH DEPT.

TO DEPLAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the Rineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1005% MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, Limitation Residence before admission)
e. COUNTY	a. STATE b. COUNTY
(Uccimico MARYLAND	miconico
b. CITY OR TOWN (if outside corporate timits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town)	
- The state of the	- Jales way
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS.
	Trese Sh. aph (4) ON A FARM? YES NO [V]
3. NAME OF First Middle	# 127
3. NAME OF First Middle	Last A. DATE Month Dey Year
(Type or print)	when DEATH Seat 2 19/0/
S. SEX   6. COLOR OR RACE   7 MARRIED TO NEVER MARRIED   B.	
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	last birthday) Months Days Hours Min.
TYTALE   COL   WIDOWED   DIVORCED	)-13-13 48 yrs.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	10.0
Care your	1 rece 10.0 MT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Al- was of torus as sond	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. II	1
13. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	NFORMANT
121-10-6572	lene fell, townsens
18. CAUSE OF DEATH [Enter only one cause partine for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	O INTERVAL BETWEEN ON ET AND DEATH
IMMEDIATE CAUSE (e)	Occurry Juden
DUE TO	
ATTRACTOR OF THE PARTY OF THE P	
Conditions, if any, which geve rise to immediate cause	
(e), stelling the underlying DUE TO	
causa last, (c)	
- Wi	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
[3]	YES NO TH
TO SYTERNAL CALISE WAS 20h DESCRIBE HOW INTERVOCCIONED IS	nter natura of injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ory, street, office bldg., etc.)
The same of the sa	ry, street, office blog., etc.)
21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection I Inquiry and in my opinion
death resulted from: Natural causes Accident . Suici	de , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL E	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER
EXAMINER'S NAME (Type)	
22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, city, town, or county)
PEROVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Steta)
Harial 4-12-61 Massey Co	in Symma Nel
23. FUNERAL DIRECTOR / ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
1 by b micella	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JORDEN /// CORD	SEE 14'61 Cultury 2. 1000

POSE A CHIEF CHIEF CHIEF OF CENTER A CONTRACTOR OF THE PARTY OF TH

## FOR STATE HEALTH DEPT

TO DEPU. X MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If all the pay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Peace 1, 2, and 3 to the increase director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTA	MENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W.	
10855 MEDICAL EXAMINER'S CERT	IFICATE OF DEATH 10845

•	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	asidance before edmission)
	Wicomico Marylan	a. STATE b. COUNTY Words	atom V
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NIB c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva naarast town)
	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Snow Hill 23	X-2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straat addrass)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
glis	Peninsula General Hospital		YES NO
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	OECEASED (Typa or print)  Thomas	Tyndall OF DEATH 9-24-61	19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
ě	M WIDOWED DIVORCED	idsi Dirinday) ( Months)	Days Hours Min.
		120111	ZEN OF WHAT COUNTRY?
	dona during most of working life, aven if ratirad)		
	Barmer  13. FATHER'S NAME	Virginia   U.S	. A.
1	IS. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME	
4	John H. Tyndall  15. Was deceased ever in U.S. Armed Forces?   16. Social Security No.   1	Elizabeth Williams	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1 (Yas, no, or unknown)   (Ifyasgivawarordatasofservica)	17. INFORMANT Addrass	
	Unknow	Bertha Cherrix Tyndall Snow	Hill
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	~ ~	ONSET AND DEATH
Н	903.0 DUE TO 0 1	X	
	Vanhte.	100 Shlee /	2- dans
	gave rise to immadiate cause	1//	X
э	(e), stating the underlying DUE TO		0
	causa last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	3 dente Mychocytic	- Lewhenne	YES X NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE A STREET OF CAUSE WAS PRIMARY OF CONTRIBUTING COURS OF DEATH.	ED. (Entar natura of injury in Part I or Part II of Itam 18.)	
	Tell at nome on	nd struck left lower chest or	ahain
	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED 20c.	. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (Cour	nty) (State)
	Hour a.m. 9-11961 at work at work	factory, street, office bldg., atc.) What home Snow Hill Worce	atan Ma
9	21. I certify that I took charge of the remains described above		and in my opinion
7		Suicide   Homicide   Undetermined manner	and in my opinion
	death resulted from: Natural causes [], Accident [2],		
	ACTUAL EN !	CHIEF MEDICAL EXAMINER	
2	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	Examiner's Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 7-25-	61
1	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
	REMOVAL (Spacify)		
	Burial Sept. 27,1961 Downing		
		248. REC'D BY REGISTRAR 1246. REGISTRAR'S SI	2. Thous
	Salyer Funeral Home, Chincoteagu	ie, virghana	

TOTARDING BEADERS BEING ALADIN TADISTA PERSON 13,5191 Zolor agoka inder crall or fall your way Taclone Lugaren a financial 1-21-1 . mindo us Ineda moved Just sanutid ban subnite illos . He made and the first were to be and the first with the first way of the THE RESERVE OF THE PERSON NAMED IN THE PERSON

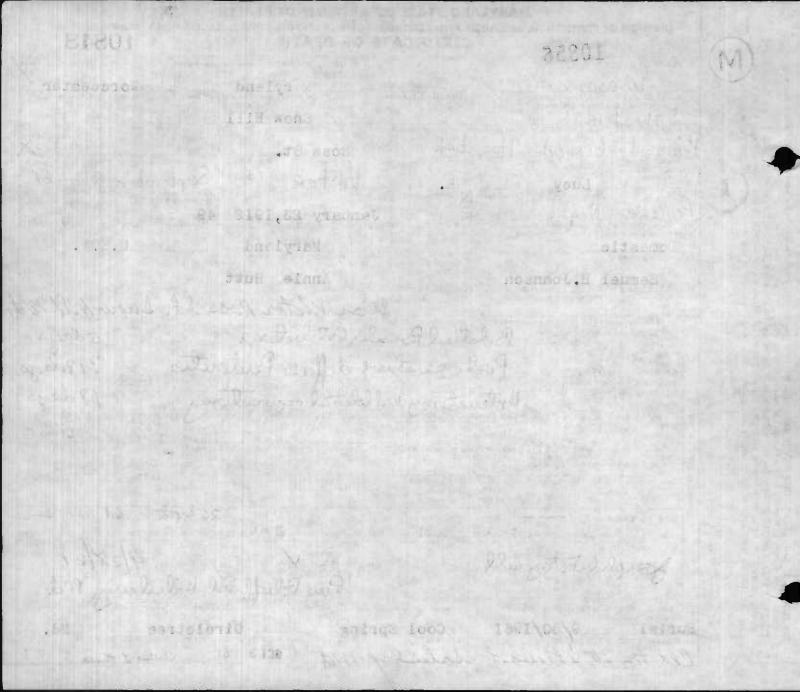
within 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be execute retained by the hospital or attending physician. Dadiga geriga VR A15 (4)

15M 9/60

	CERTIFICATE OF DEATH  10848
	PLACE OF DEATH  a. COUNTY  b. COUNTY  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
820	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIL
3.	DECEASED (Type or print)  DEATH Sould 10 6
1	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR   IF UNDER 2.
do	Do. USUAL OCCUPATION (GIVE kind of work lone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT CO  Maryland  U.S.A.  14. MOTHER'S MAIDEN NAME
	Samuel H. Johnson  5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Ifyas give war or datas of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) B. Johnson  ONSET AND DE STAND DE STA
	Conditions, if any, which gave rise to Immediate cause (a), stating the underlying DUE TO 11 A A CONTROL OF THE TOTAL AND THE TO
CATION	TES LA NO
L CERTIFIC	
MEDICAL	P.m. 19 at work at work
1	21. I certify that (I) (this hospital) attended the deceased from 19, 19, 10.26 Sept
	22° HYSICIAN'S RAME (Type)  20 ADDRESS 010 DO 10

arthur & House

DATE OCT 3



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND FOR STATE 257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY files. Health, b. COUNTY director. Page e. STATE Wicomico MARYLAND Wicomico b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Vour ŏ Eden life Eden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Route Route NAME OF First Middle 4. DATE Month DECEASED OF and 3 to the the (Type or print) DEATH Champion Mathew Wallace 9-12-61 Pe with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH may 2 with MEDICAL EXAMINER: This certificate should be executed within 24 hours after deate the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may a named to the Chief Medical Examiner's Office along with form PM3. Page 5 may a named to the Chief Medical Examiner's Office along with form PMM. lest birthday) WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisey Riley thew Wallace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Mathew Wallace. Eden. None father. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word 200. EXTENDAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) CAUSE OF DEATH. sleeping in bed with mother and found dead. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) et work et work K Own home Wicomico Eden. Md. 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection X Inquiry death resulted from: Matural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, Earl DEPUTY MEDICAL EXAMINER 9-17-61 EXAMINER'S NAME (Type) Salisbury, Akt
22c. NAME OF CEMETERY OR CREMATORY Authors (Street, city, town, or county) DEP 220, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) MOVAL (Specify) Q 4 0 24a. REC'D BY REGISTRAR VS. A15ME SEP 21 '61 arilow S. Krous olley

e. IS RESIDENCE ON A FARM?

Min.

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

Sudden.

PERFORMED?

NO [

YES X

and in my opinion

DATE SIGNED

(State)

Day

2

US

5M 7/59

COBI.

Sistem

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POSTER TRACE

ADDRESS IN

FUNERAL DIRECTOR'S SIGNATURE

ofter death. Page that the death certificate

VS A15 (4)

15M 9/58

MARYLAND	STATE DEPARTA	MENT OF HEALTH	I—BALTIMORE, 1	8
58		ATE OF DEATH		*O240
			ere deceased lived. If institution	n: Residence befare odmissian)
1100	MARYLAND	O. STATE SHARD	tow M. M. COUNTY	Wicomica
carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RU	RAL and give nearest tawn)
1		SHARD	town.	X
in hospital, give street of	oddress)	d/STREET ADDRESS	111-1	e. IS RESIDENCE ON A FARM?
GENERI	4/ Hospita	Maurel SI	raplam High	Way YES NOT
First	Middle	Last	4. DATE Manti	Day Yeor
3 MPEth	Ellen	WALLER	DEATH SEPT	196/
OR RACE 7. MARR	TED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Days Haurs Min.
11 te WIDOWE	D DIVORCED	Alm 21,18	92 69 yrs.	Min.
kind af wark dane 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	MONE	DELnu	1116-	U.S
1111111		14 MOTHER'S MAIDEN N		(2.)
" WALL	ER	L-CHOIC	A KOBIN.	504
ARMED FORCES? 16. 1	SOCIAL SECURITY NO.	INFORMANT	Addre	)55
		MRS PREL	MASSEY, S	halptown, h
r anly one couse per lin	e for (a), (b), and (c).]			INTERVAL BETWEEN
CAUSED BY:	Holomisl	carcutou	atoria Ou I	ONSET AND DEATH
DUE TO		2 00		
(6)	(arcus on	- Ithe A	Tucioca	/ anouth
DUE TO				
(c)	nisting the state of	0		
	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
				PERFORMED? YES NO
LYING   20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	ort 1 or Port II af item 18.)	
E OF DEATH EXAMINER)				
, Doy, Year 20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY (Home, form	20f. (City ar tawn)	(County) (State)
19 While at wark	_ IAGI WIIIE	octory, street, office bldg., etc.	1	
ended the decease	ed from 8 - a	20 , 196 (, to	9 - 1 196/+	hat I last saw the deceased
10 6				I an the date stated abave
	C \#		ADDRESS (Street, city or town, s	
and At -	tishen	us Jalis	trung land	9-1-61
Am If F	15H-R			
DATE THEREOF /	loo hindus co		224 LOCATION (C)	<i></i>
DATE TREKEUR	229 NAME OF CEMETERY	OK CKEMATORY	22d. LOCATION (City, town, o	(Stote)

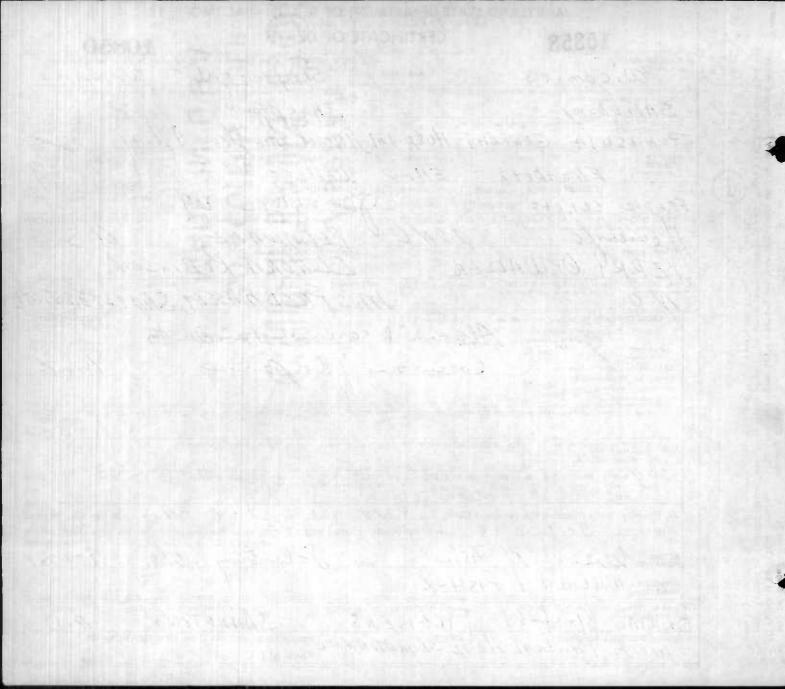
24b. REGISTRAR'S SIGNATURE

Chiling S. France

24a. REC'D BY REGISTRAR

61

DATE SEP 6

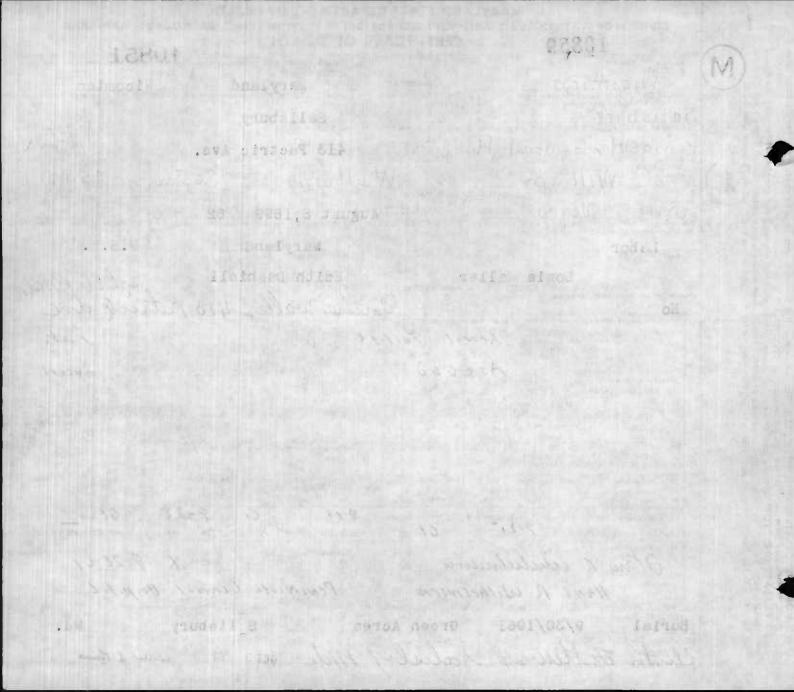


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND

					-
1	0859	CERT	IFICATE	OF DEAT	l

	-	10098	G-1011107-411		10054
M		PLACE OF DEATH a. COUNTY.		2. USUAL RESIDENCE (Where decessed	
141		14/10.00.0	MARYLAND	a. STATE	b. COUNTY
		b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate	Wicomico
	5	write RURAL and give neerest town)		1) =====	
7	2	d. NAME OF HOSPITAL OR INSTITUTION (if nof in	hospital, give streat address)	Salisbury d. STREET ADDRESS	. IS RESIDENCE
)	0		1 1 - '+ 1	1	ON A FARM?
		NAME OF SULO GENERAL	Mospilal	4I3 Pactric Ave	Month Day Yeer
1		DECEASED	Middle	OF O	T 1 2
}		(Type or print) William	W (	aller DEATH S	eplember d5 1961.
1.	5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED   B		(In yeers   FUNDER 1 YEAR   IF UNDER 24 HRS. birthdey)   Months   Days   Hours   Min.
		male Negro WIDO	WED DIVORCED A	ugust 8.1899 62	yrs.
		. USUAL OCCUPATION (Giva kind of work ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y TI. BIRTHPLACE (County & State, or foreig	n country) 12. CITIZEN OF WHAT COUNTRY
				Maryland	U.S.A.
	13.	FATHER'S NAME		Maryland  14. MOTHER'S MAIDEN NAME	
		Lowis Wal	ller	Edith Dashiell	. 111
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. I		Address Sales by Mid
	(Ye	s, no, or unkown) (If yes give we rordates of service)	P	uise Waller 418	instricte des
		18. CAUSE OF DEATH [Enter only one ceuse p	er line for (e), (b), and (c).	use water 411	Interval Between
		0.000 DELENIALS CAUSED BY			ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Rewal Failur		
		4221 DUE TO	1 - ()		2
		Conditions, if eny, which gave rise to Immediata causa	scuhd.		Lyears.
		(e), steting the underlying DUE TO			
		ceuse last. (c)			
-	0 N	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
0	CATION				YES NO
	THE	208. ACCIDENT WAS UNDERLYING   206. I	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury In Part I or Pert II of ite	m 1B.)
	CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CAL		to A	CE OF INJURY (Home, farm, 20f. (City or to ory, street, olfice bldg., etc.)	wn) (County) (Stata)
	MEDI		hile Not While Tacr	ory, sheet, office brogs, sic.,	
/		21. I certify that (I) (this hospital) att	ended the deceased from	9-19 1961 to 9	-25 19 6/ that (1) (we) la
		saw the deceased alive on 9-21			
		22a. SIGNATURE		deall occured al. \$\$m, non the	22b. DATE
		0// 1		DIRECTOR DI	AFF YS. \$ 9-26-61 SIGNE
		Hay M. Williels	many. W	.D. PHTS. DIRECTOR PH	7-26-67
		NIAME (Tourn)	Thelmsen	Peninsula Gene	ral Hain, Ll
	_				
	23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		(Clty, town or county) (State)
		Burial 9/30/1961	Green Acr		
3	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
100	10	listing of Stiller H	Sallasind	MAL DATE OCT 3 '61	Orthur S. Frank

TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Fage 4 may be retained by the hospital or attending physician.



TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 %. after death. Page 4 may be rehand by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the system funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 15M 9/59

Jung Charge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10860 CERTIFICATE OF DEATH	
	fore admission)
o. STATE Maryland Wicomico Maryland Wicomico	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	earest town)
Salisbury 13 Days / Salisbury	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula General Hospital 831 S.Div. St.,	YES NO
I DECEASED	Day Yeor
(Type or print) GEORGE WASHINGTON WEAVER. DEATH 9 2	
last birthday) Months Down	R IF UNDER 24 HRS.
Male Will'te Widowed Peb.2, 1002 (7 yrs.	
during most of working life, even if retired)	OF WHAT COUNTRY?
Ret. Guard U.S. Navy Department Michigan U.S.	.A.
13. FATHER'S NAME	
George Wm. Weaver Amanda Jane Patterson	
/ Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Les (1903-1076) 1909-13 216-10-7760 Mrs Hilda Irene Weaver, Same	
Yes (1903-07) 1909-13 216-10-7760 Mrs Hilda Irene Weaver, Same	
	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) (ANDICAL) - WILLIAMS	
DUE TO MICH (MON) +	-0
Conditions, if ony, which gove rise to immediate (b)	un
couse (o), stoting the under. DUE TO	
lying couse last. ) (c) (c) (c) (c)	In the state of th
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
The Accident was interpreted in the Prescript How in the Control of the Control o	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (State)
Hour o. m. While Not while factory, street, office bldg., etc.)	,, (5.5.5,
	that (I) (we) last
saw the deceased alive an 1 1941, and that death accurred at 1451M, from the causes and an the da	te stated abave.
M.D. PHYS. MED. STAFF PHYS. 9	-23-1949
22g PHYSICIAN'S 22d. ADDRESS /	3/
MAMERITY POPULIE HEARING	81
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 19mn, or county)	(State)
REMOVAL (Specify) 9-27-61 Arlington Nat. Cemetery Arlington, Va.	Mi
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	
Hill & Johnson Salisbury, Maryland DATE SEP 26'61 Onling B.	thank

CALL THE STREET STREET, STREET Falls, 2, 1007 TO THE PROPERTY OF THE PARTY AND THE PARTY A Security Mr. dervet AT COULTY OF THE WINDOWS WILL BE IN THE WAY OF THE PROPERTY OF THE The state of the s

Commence of the second second

VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10861 CERTIFICATE OF DEATH 10853 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
WICOMICO MARYLANE	o. STATE Maryland b. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)
Salisbury	Chance 19x.2
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Peninsula General Hospilal	YES NO
3. NAME OF DECEASED (Type or print) A / / F N	Lost 4. DATE Month Day Year OF DEATH Sestember 1911
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	1110.001
male white WIDOWED DIVORCED	Dec 31-1908 Strithday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane of 10b. KIND OF BUSINESS OR INITIAL OCCUPATION (Give kind of wark dane of 10b. KIND OF BUSINESS OR INITIAL OCCUPATION (Give kind of wark dane of 10b. KIND OF BUSINESS OR INIT	USTRY 11 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME A FETTE WHITELOCK	14. MOTHER'S MAIDEN NAME ARMIGER
15. WAS DECEASED EVER IN U. S. AMED FORCES? 18. SOCIAL SECURITY NO.	INFORMANT Address
UES, april 1941 1949-1945	EVELYN WHITELOCK CLang his
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Was Caud	hal on faith, acide onset and DEATH
420, / DUE TO	
Conditions, if any, which ) (b)	
gave rise to immediate cause (a), stoting the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUR	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	YES NO DED. (Enter nature af injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work at work	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) actary, street, office bldg., etc.)
p. m. 19 of work at work	
21. I certify that I ottended the deceased from 7-4	1991, ta 9 9 196, that I last sow the deceosed
alive on 4 - 4 , 19 (1), and that dea	h occurred at 10 30M, from the couses and on the date stated above.
1 00 Graft	ADDRESS (Street, city ar town, state)  DATE SIGNED
SIGNATURE WILLIAM & EURO	M.D. Jales leen, Wife, 7-4-6)
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF POR PORCE PORCE	OR DECLIFICATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
L. Websler Vincess	Cure DATE 10 8 151 arthur & Hours

No Sim No I have a second and a the constant beginner that he was the training the THE RESERVE OF THE PARTY OF THE September 2 and the septem

TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut. It thin 24 hours after death page 4 may be retained by the hourist or attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral edirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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TOSI	FUN.	
OT OT	P dir	
TO HOSE AL OR ATTENDING PHYSICIAN: The law requires the	R A15 (4)	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMONE 5, MARYLAND

CERTIFICATE OF DEATH

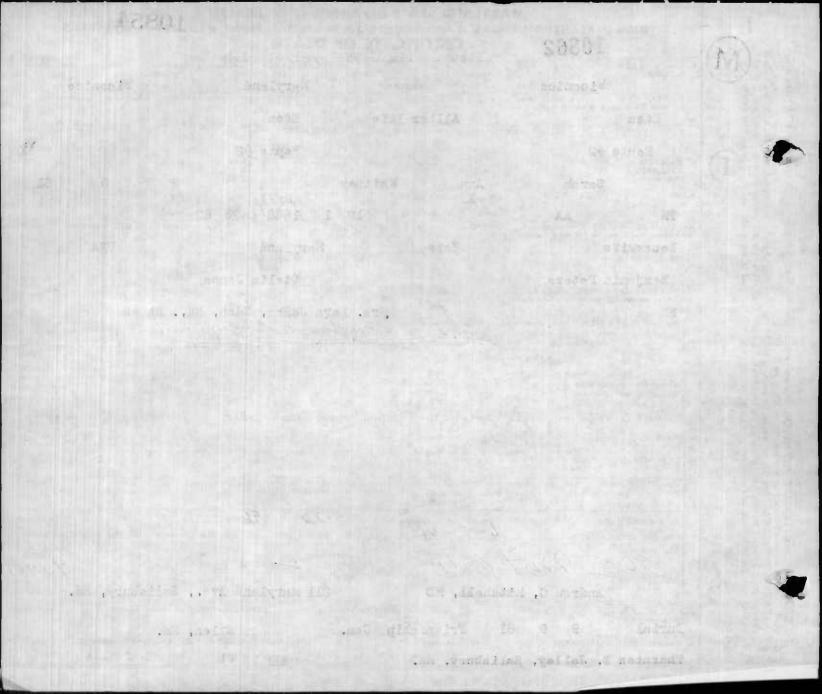
ACC OF DEATH

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ACC OF DEATH

1.	PLACE OF DEATH •. COUNTY					RESIDENCE	(Where deceas		stitution: Residen	ce before ec	lmission)
		Wicemice		MARYLAND	a. STATE	Maryla	nd	b. COUNTY	Wicon	nice	
		outside corporate limit give nearest town)	ls, c.	LENGTH OF STAY IN 16	X		utside corporate	limits, write R	URAL end give	nearest town	1)
	Eden			Allher life		Eden					
71	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hospital,	give street address)	d. STREET	ADDRESS				e. IS RES	FARM?
	Reute	#2				Rente	#2				NO T
3.	NAME OF	First		Middle	Last		. DATE	Month	Day	Year	
	(Type or print)			6.61			OF DEATH			10	03
-		Sarah	Anı		tney	-11		9	UNDER 1 YEAR	19 IF UNDER	61
٥.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	11/4473	las		Aonths   Days	Hours	Mln.
	FM	AA	WIDOWED	DIVORCED	12 1	1/888/	1878 8	2 yrs.			
		ON (Give kind of work king life, even if retire		OF BUSINESS OR INDUST	RY   11. BIRTHPL	ACE (County	& State, or forei	gn country)	12. CITIZEN C	F WHAT CO	DUNTRY?
	Heusewife			Heme	M	aryland			USA	1	
13	. FATHER'S NAME				14. MOTHER	S MAIDEN NA	WE				
	Benjamin					Oteli	a Jones				
		R IN U.S. ARMED FOR yes give war or dates of s		CIAL SECURITY NO. 17.	INFORMANT			Address			
	NN			Ma	s. Lera	Janes.	Eden.	Md. R	t #2		
		EATH [Enter only one	cause per line f	or (a), (b), end (c).)	1-11	ac a	11 .	+	- IN	TERVAL BETY	
		WAS CAUSED BY:	RA	elect as	and	Con	1 6	er-	can b	NSET AND D	LAIR
	422.2	DUE TO				6		(عور			
	Conditions, if eny	, which \ (b)									
	gave rise to immedia										
1	(e), steting the ur	idenying									
7		SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE CON	IDITION GIVEN	VIN PART 1(e) I	19. WAS AL	JTOPSY
2	PARI II. OTHER	SIGINITEANT CONDI	HONS CONTRIB	OTHER TO DEPART DOT 1	OT RELYTED TO	THE PERMITOR				PERFOR	RMED?
S										YES 1	10
CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIB	E HOW INJURY OCCUR	D. (Enter neture o	of injury in Per	t Ior Part II of i	tem 18.)			
MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye			ACE OF INJURY		20f. (City or I	lown)	(County)	(	State)
WED.	Hour e.m.	19	While at work	Not While standard st							
		nat (I) (this hospit	tal) attended	the deceased from	5-7	6 19	56, to		, 19, 1	that (1) (1	we) last
		ed alive on	6-5	19.4/, and the	at death occu	red at	.M, from th	e causes ai	nd on the d	ate stated	above.
	22a. SIGNATURE		1							22Ь.	DATE
	1911	o m	the	.//	ATTENDI			STAFF PHYS.		9	SIGNED
	22c. PHYSICIAN'S	1111	1000	7	M.D. PHYS.	Mind				/	1210
	NAME (Type)	Andrew C.	Mitchel	1, MD			and Ave	., Sal	isbury,	Ma.	v
23	e. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THE	REOF 23	c. NAME OF CEMETERY	OR CREMATOR	RY	23d. LOCATIO	ON (City, town	or county)	(St	ete)
	Burial	9 9	61	Friendship	Cem.		Alle	n. Md.			
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25a. REC'D			STRAR'S SIGNA	TURE	
		B. Jelley,	Salisbu	ry, Md.		DATESEP	1 3 '61	Cintl	Lun S. Kral	A.B.	



**DIVISION OF STATISTICAL RESEARCH AND** PRESTON STREET, BALTIMORE 1, MARYLAND 10863 OF DEA 10/2/51 mh

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH b. COUNTY the d 2 MARYLAND comico b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY limits, write RURAL é wite RURAL end give neerest town) SALISBURY

MAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Dev Month DECEASED (Type or print) DEAT 2019 61 IF UNDER 24 HRS. 5. SEX AGE (In yeers | IF UNDER 1 YEAR VER MARRIED last birthdey) WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of vorking life, even if retired) 13. FATHER'S NAME please aftending and CIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO 2De, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) d OR CONTRIBUTING [] CAUSE OF DEATH for (FF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Whife Not Whila Hour e.m. at work et work p.m. 2. O., 19.4. (that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from... saw the deceased alive on. ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed . CATION (City NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, | 23b. DATE THEREOF EMOVAL (Specify) - B TO 25b. REGIS FUNDRAL DIRECTOR'S SIGNATUR VR A15 (4) 2 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Maryland Morcester Manager and the Tecomose City your years Market Net Kare and Sortania 18 Market Barret Land Internet Miconises Mit USA -donad Williams Esse James Miller Stances Translate Collins Turkershired Hurriday The state of the 10 02/8 130 81/6 10 2/12 61 allo 1 9 Julio market Contract Salarmon of Maria so grant a desert What don Planon at Can stacks tay in Vet. Stammed removered the

# TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a thin 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4)

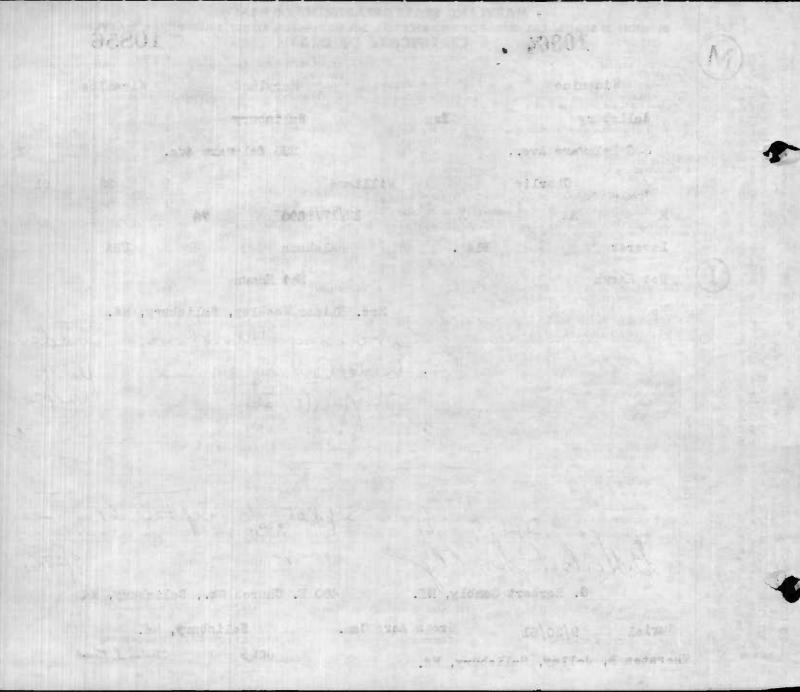
MARYLAND STATE DEPARTMENT OF HEALTH

PLACE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10864 CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)

e. COUNTY		a, STATE	b. COL	YTAL
Wisemice	MARYLAND	Mary	land	Wicemice
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1,7		ite RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no	Yrs	d. STREET ADDRESS	Dury	l e. IS RESIDENCE
a. NAME OF HOSPITAL OK INSTITUTION (IF HO	in nospitet, give street eddress;	d. STREET ADDRESS		ON A FARM?
336 Delaware Ave.,		336	Delaware Ave.	YES NO T
3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Dey Year
(Type or print)	Wann		OF DEATH	25 19 67
Charlie		iams DATE OF BIRTH	9. AGE (In yee	
		1 17	last birthday	
272	IDOWED NORCED	12/17/1890	70 5	
Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE LOUI	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bldg.	Alabama		USA
3. FATHER'S NAME	21.50	14. MOTHER'S MAIDEN	NAME	058
37 1 77				
Not Known  S. WAS DECEASED EVER IN U.S. ARMED FORCES:	1 16. SOCIAL SECURITY NO.   17. 1	Not E	nown	
Yes, no, or unkown)   (Ifyesgivewarordatesofservic	(a)	NFORMANT	Addre	155
No	Mrs	. Eliner Wee	dley, Salisbu	rv. Md.
18. CAUSE OF DEATH [Enter only one cause	se per line for (a), (b), and (c).)	6		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0)	Diama S	throwbers	Sund desa
1/00				S. S. S.
420 DUE TO	(2) 0 0.	0.00	1 1	1. 1
Conditions, if eny, which (b)	notal	C. Corona	my Nisean	a with
(a), stating the underlying DUE TO	1	1		(1. As
couse last. (c)	te	1/ Perleus	Den	un.
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	RENATED TO THE TERMI	NAL DISEASE CONDITION G	
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2			PERFORMED?
208. ACCIDENT WAS UNDERLYING [   20	b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item 18 )	
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INSORT OCCURED	. (Elliot hardre of hijary in	Total to Total to State Total	
	,			
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.		CE OF INJURY (Home, fare		(County) (Stete)
Hour e.m.	While Not While fact	ory, sireer, office orag., etc		
		501.445	1961 10 Sept.	25 1001 11000
21. I certify that (I) (this haspital)				(A.), 190./., that (1) (we) las
saw the deceased alive on	19.91, and that	death occured		s and on the date stated above
22a. SIGNATURE	1 11 -	ATTENDING	MED STAFF	22b. DATE
2) Nostrol	embly "		DIRECTOR PHYS.	9/27/61
22c. PHYSICIAN'S	1.	22d. ADDRESS		11 101
NAME (Type) G. Herbert	Sembly, MD.	400 E. Ch	urch St., Sal	ishimm Ma
3e. BURIAL, CREMATION, 23b. DATE THEREOF			23d, LOCATION (City,	
REMOVAL (Specify) Burial 9/30/61	Green Acre	lem.	Salisbury,	Ma
burial 9/30/61				
4 FUNERAL DIRECTOR'S SIGNATURE			C'D BY REGISTRAR 256, I	REGISTRAR'S SIGNATURE
Thernten B, Jelley, Sal	ADDRESS		C'D BY REGISTRAR 25b. I	REGISTRAR'S SIGNATURE



rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10865

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-			T	A	0400		163					
	PLACE OF DEATH o. COUNTY	Vicomico	1.0	MARYL		o. STATE	aryla		d lived. If institut b. COUNTY	,	before admis	ssion)
	RURAL and give r	(If outside corporate limited rest town) Salisbury	its, write	c. LENGTH OF STAY I	N 1b		own (If or	Contract to	rote limits, write 1	RURAL and giv	re nearest tow	m)
V		ITAL (If not in hospital, o			ital.	d. STREET AL	DDRESS D.#	3			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type ar print)	DANI		EDGAR	WI	LLIAM		4. DATE OF DEATH	SEPT	- 1	Doy th	Year 1961
S.	Male Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED MEVER MARRIE		ate of Birth		899	9. AGE (In years last birthday) 619 yrs.	Manths D	YEAR IF UND	
	during most of worker chant-	rking life, even if retired	done 10b.	Store	NDUSTRY	Alle	2.0	ar foreign co	-		S A	COUNTRY
13.	FATHER'S NAME				1.	4. MOTHER'S	MAIDEN N					
	James We	esley Wil	liam	S		Sara	h Ja	ne R	yall			
15. {Ye	WAS DECEASED EV s, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	Mrs.	Louis		Will: Mary	iams(Wi	fe)R.	D.# 3	
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (cons) DUE TO Only, which immediate		ne for (g), (b), and (c).]	oly.	two	los	ie			INTERVAL B	
ATION	lying cause lost	. (c		CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THETERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	PERF	AUTOPSY ORMED?
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	nter noture of	injury in P	ort I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJU Haur o.m. p.m.		While		20e. PLACE foctory	OF INJURY (F	lame, form, bldg., etc.)	20f. (City	or tawn) N/A		ounty)	(State)
	1000			ded the deceased			12 50P	ta_			_, that (I)	
-	saw the deced	sed alive an		19, and	that deat			M, fram	the causes a	nd an the		d abave.
	1/1	lei	10	4. Slout	M.D.	ATTENDING	ME DIR	D. RECTOR	STAFF PHYS.	Sept	9 2000	1989
	22c. PHYSICIAN'S NAME (Type)	Dr. Willi	am H	I.Fisher J	r	22d. ADDRE	SS	ente	r Sali	sbury	,Mary	land
230	REMOVAL (Specify Burial		,196	23c. NAME OF CEME		REMATORY Cemete	1	R.D.	TION (City, town, # Salis	or county) Sbury,		ote) and
24.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			25a. REC'D	BY REGIS	TRAR 25b. REG	ISTRAR'S SIGN	NATURE	
H	OLL WAY	& COMPANY	SA	ALISBURY M	IARYI	AND	DASECP	1 9 '61	au	2 8 45		

may be statined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board af Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 M TO HOSP

VR A15 (4) 15M 9/59

TOTAL PROPERTY OF TAXABLE E H. H. H. H. Hellengton Hall the Mar. M. H. H. H. THE TOTAL DISTRICT OF THE PARTY State ASS The state of the s 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BY 130 SC STADEFIRED 2380 L  88801 8 15 7 2 Authorite. . And the Bear of the Manager of the State o Section and American School Hospital a when it had all the

TO HOSP

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10868	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY Wicomied	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE 1891)	b. COUNTY CCO Mac K
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	e c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpore	ate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION  JEMINSU/H  GE	mer oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print) HA+fie	Middle	Goung 4. DATE OF DEATH	Month Day Yeor 7 196/
	F' C' WIDO	OWED DIVORCED	JUNE 6, 1919	P. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Manths Days Hours Min.
		b. KIND OF BUSINESS OR INDU House wife	Virginia	12.CITIZEN OF WHAT COUNTRY?
	Walter matt	hews	ELIZAH DY	ommond
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	ritton Young	MAPPS VIIIE VI
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Herauden	me cardiova	Sculur INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)	direar	e e	
	gove rise to immediate couse (a), stating the under-lying cause last.			
ICATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
I CERTIFI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I ar Part	II of item 18.)
MEDICAL	Hour o. m. Wh	£ .	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	or town) (County) (State)
i	21. I certify that I attended the dece	ased fram	215	he causes and an the date stated above
1	ACTUAL SIGNATURE WILLUM	. coles l		eet, city or town, stote)  DATE SIGNED  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PHYSICIAN'S NAME (Type)	<i>Y</i>		
1	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY 22d, LOCATI	ON (City, town, or county) (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	accompc	UQ 1 DATE SEP 1 3 '6	1 11 11

The state of the s STEN THE CHELVE WELL STEND AT SWINDOWS Milton Lower Land Political Hereard would be the control of